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NOMINATION

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HEARING
OF THE
COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE
ONE HUNDRED THIRD CONGRESS
FIRST SESSION

ON
M. JOYCELYN ELDERS, OF ARKANSAS, TO BE MEDICAL DIRECTOR IN
THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE, AND TO BE
SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

JULY 23, 1993

Printed for the use of the Committee on Labor and Human Resources



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NOMINATION

FRIDAY, JULY 23, 1993

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The committee met, pursuant to notice, at 9:35 a.m., in room SD-430, Dirksen Senate Office Building, Senator Edward M. Kennedy (chairman of the committee) presiding.

Present: Senators Kennedy, Pell, Metzenbaum, Dodd, Simon, Mikulski, Bingaman, Wellstone, Wofford, Kassebaum, Jeffords, Coats, Gregg, and Durenberger.

OPENING STATEMENT OF SENATOR KENNEDY

The CHAIRMAN. The committee will come to order.

Welcome, Dr. Elders. We are delighted to have you here this morning.

I want to explain both to the nominee and to the members of the committee what the current situation is. We had scheduled this hearing a week ago so that we might have the opportunity to consider the nomination of Dr. Elders for the position of Surgeon General. Matters were then raised by members of the committee for additional information, and we thought that was entirely appropriate, and Dr. Elders thought it was appropriate—certainly there was information from the Comptroller of the Currency, technical information that we should have.

We had rescheduled that hearing for today. During the period of the past week, Dr. Elders has been attacked, I think viciously, and she has been prepared to come here and respond to all questions—not in a closed session as some have requested, but in an open session.

I have been notified by the Majority Leader just a few moments ago that there is an objection to this committee meeting beyond the hour of 10. That has been filed. Under the Senate rules, for those who are not familiar with them, there is the opportunity for any single member of the Senate to object to a committee meeting once the Senate has been in session for 2 hours, and we will have been in session for 2 hours by 10 this morning.

That objection has been filed, so until the Senate recesses we will not have the opportunity after 10 to permit Dr. Elders to respond to many of the allegations, charges, distortions, misrepresentations and character assassinations that have been directed at her.

These charges have been made by members of the Republican Party—not by my distinguished ranking member, Senator Kassebaum, who has been nothing but cooperative and helpful to us in

gaining information and who has been positive in every possible way. But the objection has been filed.

For the purposes of the members of this committee, I want to indicate that whenever the Senate adjourns today—whenever it is—this committee is going to be back in session, and we are going to stay here all afternoon, we will stay here during the evening, and we will come back tomorrow if necessary and stay as long as necessary on Saturday. Over the time I have been in the U.S. Senate, that has happened at other times. It happened with the Americans with Disabilities Act, when we met until 2 in the morning.

When you have an individual as distinguished as Dr. Elders, who has been honored by the President of the United States by nominating her to a position of enormous importance to the American people, when public health issues cry out for attention and leadership, to have a parliamentary procedure used to deny the full opportunity for this committee to hold its examination of the wide range of public policy issues involved and of the charges which have been levelled against Dr. Elders—and when Dr. Elders is denied the opportunity to present her case to the public—I think it is a shame for this institution to have that kind of policy. But it does exist, and quite frankly, we are going to deal with it in the only way that we know how, and that is with fairness to the nominee.

So I would suggest to all of my colleagues on this committee that they cancel whatever plans they might have had through the afternoon, through the evening and through tomorrow, because that is the way that we are going to proceed on this committee. I am not going to be part of an effort to put this over for another day or for another week, to permit scurrilous accusations to be made against this nominee without an opportunity for her to respond.

So I will yield to my friend and colleague Senator Kassebaum for whatever comments she would like to make, and then prior to the time that we have the vote, which I understand will be in 10 or 15-minutes, we would usually recognize our colleagues who are here to present the nominee—

Senator KASSEBAUM. Mr. Chairman, if I may suggest, I would like to forego my opening comments so that we could hear from our colleagues who are here to make introductory statements.

The CHAIRMAN. That's an excellent suggestion.

Senator COATS. Mr. Chairman.

The CHAIRMAN. Senator Coats.

Senator COATS. Mr. Chairman, just to respond very, very briefly, I too think it is important that this hearing go forward, and I see no reason personally to delay this hearing. Just for personal reasons, I would just as soon go forward this morning, but I will change my plans and be here because I think Dr. Elders deserves her day in court—this isn't really court—but deserves her day in the confirmation hearing.

But I think also it is fair to say that anyone who is nominated to a post as important as this, there ought to be a full and fair and objective, thorough discussion of issues that have been raised mostly by the media and not members of the Republican Party; questions that have been raised by outside groups as any outside group raises questions about any nominee whether it is Republicans or

Democrats, or liberals or conservatives, or left or right. We would not be doing our duty if we did not thoroughly deal with questions that have a legitimate relationship to the position that any nominee is seeking. I think Dr. Elders would ask no less than the opportunity to address the questions that have been raised.

Are all those questions fair? I don't know. Dr. Elders will have an opportunity to State her position on that. But they are legitimate questions that the public has, and I think we have an obligation to explore those, and I intend to ask Dr. Elders a number of those questions.

I don't know why it is necessary to delay the hearing. I do know there has been concern which I have raised relative to some of the financial records, because that goes to a question that has been debated in the media. We were not able to secure all the necessary financial documents from Dr. Elders relative to our examination of that. I suggested that perhaps because she obviously has a right not to disclose that—I think it would be helpful if she would, but she has a right not to—

The CHAIRMAN. Well, does the Senator have a question?

Senator COATS. Yes, this is all leading up to a question.

The CHAIRMAN. I want the record to show that the ranking minority member Senator Kassebaum urged that Dr. Elders be given an opportunity to make a presentation, and that there are Senators who are in the situation where on television they are raising questions, and under the Senate rules, Dr. Elders won't even have an opportunity to make a presentation.

Senator COATS. Well, I regret that, Mr. Chairman—

The CHAIRMAN. I regret it, too.

Senator COATS. —and I am not the one who raised that objection. But I also object to the chairman saying that except for Senator Kassebaum, Republicans have some conspiracy going here to trash Dr. Elders. That is not true at all.

The CHAIRMAN. I didn't say—

Senator COATS. You said the Republican Party has made vicious, scurrilous accusations against Dr. Elders, and that is not true. There is no partisan conspiracy to do that.

The CHAIRMAN. I said that the Republican Party member objected—

Senator COATS. You didn't say that.

The CHAIRMAN. Well, I'll say it right now.

Senator COATS. I appreciate it.

The CHAIRMAN. It was very interesting. I am now violating my own rule, but I'll take 1 minute. The member who objected called me last night in my office at quarter of nine. He said he had some additional questions. I said come on by—we had had a full day of debate on national service, but come on by. He was on his way to an engagement, some other previous engagement.

So I said, all right, send your staff by; I'll stay here, and we'll work through the evening. He said, I don't know whether I can find my staff. I said, I'll have my staff stay here; they know where they can reach me. I am available all evening.

At 11:30, a member of the staff called my staff and said we have some additional questions, and we want to put you on notice, and the Senator put me on notice that he was going to object. And he

is a member of the Republican Party, and he is a member of the Republican Policy Committee.

Now, if you want anything more, Senator, I would be glad to get into it. I would hope that we would give Dr. Elders in the few moments that remain an opportunity which she has been denied so far to be able to face this committee and face the U.S. Senate and make what comments she wishes to make.

So if there is no—

Senator COATS. Mr. Chairman, I promise you I won't take more than 15 seconds to reply.

It sounds to me like your complaint is with a member of the Republican Party and not with the Republican members of this committee. To my knowledge, there isn't a Republican member of this committee who has objected to this hearing going forward this morning.

The CHAIRMAN. Listen, Dan, I have been around here a long time, and you might believe that—but unless anyone else would like to—

Senator COATS. Well, Mr. Chairman, I absolutely believe that, and I think the record should not reflect otherwise.

Senator MIKULSKI. Mr. Chairman, could we hear from our distinguished African American scholar and, for once, begin to treat women in Senate hearings with respect and dignity? Could we proceed? [Applause.]

The CHAIRMAN. I would just point out for the record that in the time that I have been on this committee I have not seen denial of an opportunity to hear a nominee under Republican or Democrat Presidents alike until now.

I would recognize Senator Boren, Senator Hatfield, Senator Moseley-Braun and Representative Lambert for 1 minute each; is that okay?

Senator BOREN. Could we come back and make our introductions later? Wouldn't that be more appropriate?

The CHAIRMAN. I think it would be, if that's agreeable with you. I'd like to try to give Dr. Elders a moment, and then when we reconvene at the end of the session, give you an opportunity. I think it would be very useful for the members to hear what our distinguished colleagues feel about it.

We are operating with about 10 minutes to go—

Senator HATFIELD. Mr. Chairman, may I comment?

The CHAIRMAN. Yes.

Senator HATFIELD. Mr. Chairman, I will not be pressured on time, and I believe with the honor I have here this morning that I am not able to perform that in 1 minute. Therefore, I would be happy to return at some later time during the day.

I am a Republican, and I am proud to be here as a Republican and as an American to have the high honor of introducing Dr. Elders. I was honored when she called me to ask me to fill in on this situation because of Senator Pryor and Senator Bumpers having to attend the funeral of Mr. Foster in Arkansas. But I just do not think this important introduction can be handled in 1 minute, so I would like to ask to be excused and return at a time when I have the proper time.

The CHAIRMAN. The Senator is absolutely correct, and we would be honored to hear your introduction later when we reconvene.

Senator Boren.

Senator BOREN. Mr. Chairman, I feel the same way. Again, I was very appreciative that Dr. Elders asked me to appear this morning, and since Senator Pryor and Senator Bumpers were not able to be here, I also bring a statement from Senator Pryor that I think is eloquent testimony from one from her home State that should be heard by members of this committee, and I hope to have an opportunity to add my own comments of support to that statement.

So I would be very willing. I think this is a very important matter, and I would be very willing to return at any time of the day or night, with pride to be here, to help present Dr. Elders to this committee.

So I also would like to have the opportunity to return later and make introductory remarks.

The CHAIRMAN. Senator Moseley-Braun.

Senator MOSELEY-BRAUN. Thank you very much, Mr. Chairman.

I am not standing in for either Senator Bumpers or Senator Pryor. I am here for me, and I am here because of my tremendous respect for Dr. Elders.

I too look forward to the opportunity to make an introduction, to contribute whatever I can contribute to this hearing, and I hope we can go forward quickly, smoothly, thoroughly, and that this fine woman be given the opportunity to be heard and voted out of this committee.

The CHAIRMAN. Thank you.

Representative Lambert, we are delighted to have you here.

Ms. LAMBERT. Mr. Chairman, it is with a great deal of pleasure and a great deal of pride that I have walked across the front of the Capitol to come over here in support of a dear friend of mine and someone who has produced tremendous results in my district in eastern Arkansas.

I will devote the day, the evening. I do come from the other body, and it is good to see that you all conduct in similar fashion and that similar obstacles happen on this side. But I am here, I am available, and I would like to spend a little more than 1 minute in support of this tremendous person who has done so very much for the State of Arkansas. So I am available all day, and into the evening.

The CHAIRMAN. Wonderful. Thank you very much.

Senator Kassebaum.

Senator KASSEBAUM. Mr. Chairman, if we are not going to proceed, I was trying to expedite the procedure so there could be opportunity. But there now remain only 10 minutes, and I assume everybody is going to come back.

I would like to make two points. There are two Republicans on this committee, Senator Durenberger and Senator Jeffords, who have announced support for Dr. Elders. I think it is very misleading to categorize the Republicans as being in objection to Dr. Elders.

I was one who, along with you, Senator Kennedy, asked for the financial records to be reviewed by the FBI that are held in con-

fidence by the Office of the Comptroller of the Currency. I think this is important, and I discussed it with Dr. Elders.

It is, as you have said, Mr. Chairman, obviously a rule of the Senate that anyone can raise an objection on the floor of the Senate to holding a committee meeting 2 hours past the call of the Senate. And that has been honored in every committee. So I think we should not get into finger-pointing at this point.

I would like to say to my good friend Senator Mikulski that neither do I think it is a disservice to women. I think that we in our committees really always have these opportunities, and we frequently get into these controversies. I believe Dr. Koop's nomination was held up for 9 months, so it really should not be taken for more than it is. And while we might have wished we could have proceeded ahead, we will at a later time.

The CHAIRMAN. I appreciate what the Senator says, but when we are notified by the chairman of the Republican Policy Committee at quarter of 10 at night of his intent to object, without his being willing to come down and express what kind of concerns those are, and evidently, the Republican leader is not prepared to be sufficiently persuasive to have that kind of an objection recalled, I'll let the record stand for itself.

Dr. Elders, please proceed.

STATEMENT OF DR. M. JOYCELYN ELDERS, NOMINATED TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS IN THE PUBLIC HEALTH SERVICE AND SURGEON GENERAL IN THE PUBLIC HEALTH SERVICE

Dr. ELDERS. Thank you, Senator Kennedy, Senator Kassebaum, and members of the Senate Labor and Human Resources Committee. It is a great honor to appear before you today as President Clinton's nominee for the position of Surgeon General.

I want to thank you for taking time from your busy schedules to meet with me during the past few weeks. I appreciate and look forward to a continuing relationship.

Before proceeding further, I realize you have a problem with time, but I would like to take just a few minutes to thank my dear husband, Oliver Elders, my brother, Reverend Chester Jones, my friends, and all of our coworkers, and all of those, many of whom are here today—

The CHAIRMAN. Would you like to introduce them, Dr. Elders?

Dr. ELDERS. That's fine, Senator. I realize we are out of time.

The CHAIRMAN. No; just introduce them. We're all right. We always have time for members of the family.

Dr. ELDERS. All right. My husband, Oliver Elders. [Applause.] My brother, Reverend Chester Jones, his wife, and his mother-in-law. [Applause.] And the person who has probably really done the most for Joycelyn Elders the past 5½ years at work, Ms. Willie Mitchum, my secretary, who keeps me on schedule. [Applause.] And the chairman of our board of health, Dr. Miller. [Applause.]

The CHAIRMAN. All right. Senate rules discourage applause, but we appreciate it very much.

Dr. ELDERS. Thank you, Senator, for that opportunity.

I thank them for the support they have given me for years, but particularly the last few months and especially the last few days.

Many say that I am a lightning rod—that is the pin you see me wearing today—but please, know that my thunder is behind me.

I appear before you today at a time when our entire Nation is facing great challenges in health care. More than 37 million Americans have no health insurance. AIDS, violence, teen pregnancy, a drug-resistant strain of tuberculosis, low immunization rates all indicate we have not done a very good job of protecting our Nation's health.

We must focus on prevention to heal our Nation. Prevention requires education. We cannot educate people who are not healthy, and we can't keep them healthy if they aren't educated. I have some personal and professional understandings of these challenges, and I would like to share them with you.

First, I am the oldest of eight children. I had never seen a physician prior to my first year in college. One of my earliest experiences concerning the lack of health care was my 4-year-old brother, who had a ruptured appendix and was taken to the doctor more than 10 miles away on the back of a mule. His abdomen was lanced, a drain placed, and he was sent home.

I have heard my mother scream during difficult child deliveries without any medical help. I have seen bright young people all over this country in an ocean surrounded by the sharks of drugs, alcohol, homicide, suicide, AIDS and teen pregnancy, while we argue over whose values we are going to teach.

Second, I know about taking advantage of opportunity. The United Methodist Church helped me reach the first rung of the ladder that enabled me to be here today by providing me a scholarship to Philander Smith College at age 15. After college, I enlisted in the service. I attended medical school on the GI bill and, after completing medical training became a board-certified pediatric endocrinologist. I know the importance of providing opportunities for our children today.

My experience has led me to know first-hand many of the programs administered by the Public Health Service and other Federal agencies. I have been a provider of many of the services supported by public health programs, both as a physician in public health clinics and at the University of Arkansas School of Medicine.

Fourth, I have been a teacher and a professor on the University of Arkansas faculty for more than 20 years.

During my medical career, I was a National Institutes of Health career development awardee. I served on NIH study sections, advisory committees for both the NIH and the FDA, and as a consultant to many of the advisory committees for many of the programs provided by the Public Health Service.

I am an experienced researcher, having authored many publications on hormonal growth disorders in children. I appreciate the need for scientific facts to back up conclusions.

For the past 5½ years, I have been an administrator at the State level as director of the Arkansas Department of Health. Last year, I was honored by my fellow health directors when they elected me president of the Association of State and Territorial Health Officers, after serving as secretary of the Association and a member of the executive committee.

Finally, Senators, I am a coalition builder. While I was the director of the Arkansas Department of Health, I used my time recruiting the help of churches, schools, civic organizations, judges, businesses, and local communities to help me meet the needs of our youth. I realized that we in public health could not do the job alone. We needed to cooperate, communicate, collaborate, and form partnerships if we wanted to take care of the problems we had.

We needed to use all of the resources available in our community. Our United Methodist bishop had a statement that I frequently borrowed from. He said it's like dancing with a bear. When you are dancing with a bear, you can't get tired and sit down. You have to wait until the bear gets tired, and then you sit down.

I do not believe that we can dictate from above what local communities need to do to solve all of our public health problems we are encountering today. We must empower each community to help design its own solutions.

As a result of my background, education, training and experience, I have become a strong advocate for programs that will strengthen families, reduce risky behaviors, improve health, and enable children to become healthy, educated, motivated, and to have hope for the future.

The CHAIRMAN. Dr. Elders, it is 10 a.m. and there has been an objection filed under the Senate rules; it is my intention to continue long enough to allow you to complete your statement. The only penalty, as I understand it, is that the chairman is liable for the cost of the transcript, which I will be willing to do.

Senator MIKULSKI. We'll all pitch in. I'll have a bake sale.

The CHAIRMAN. So we'll allow you to complete your opening statement and then recess.

Senator COATS. I think that's appropriate, Mr. Chairman.

The CHAIRMAN. It would be a disservice not to hear Dr. Elders out.

Dr. ELDERS. Thank you, Mr. Chairman.

Far too many of our children are becoming members of what we now call the "5-H Club"—every night in America, millions of children go to bed hungry. Thirty-seven million of our Americans are helpless; a third of those are children. Out of the thousands of people who are homeless, a third of those are children. Too many are hugless, with nobody to love them; many of them are hopeless, with nowhere to go and no way to get there.

I would like now to explain what I am about, but before I do that, I would like to address some of the issues about me that have been raised in the past few days.

On the Social Security, it has been paid. My husband had power of attorney for his mother, and he handled her affairs.

As to the salary issue, until last week, I had been taking vacation days, which I earned, and for which I would have been paid anyway, to split my time between here and Arkansas. Once I realized that I needed to be here full-time working on this confirmation hearing and preparing for the office of Surgeon General, I resigned as director of the Arkansas Department of Health.

As to the bank, any loans I received were well below the maximum limit; they were approved as required, and made at the going rate of interest and have all been paid.

I will be happy to discuss these and other issues in greater detail at the close of my statement.

We all know that children need multiple interventions, Senator. Single strategies will not work. It is like having a leaky bucket with ten holes, and we plug five, so we still have a bucket that is leaking.

I am about early childhood education to help children get a good start in life. Only 18 percent of Medicaid children in Arkansas, the poorest of the poor, have an opportunity to attend Head Start. We know that early childhood education is cost-effective and a preventive measure that reduces the likelihood that such children will end up as dropouts, pushouts, in prison, or as teen parents.

I am about—and have always been about—comprehensive health education programs from kindergarten through 12th grade. Comprehensive health education means age-appropriate health education programs which include information about self-esteem, alcohol and substance abuse, including tobacco; nutrition education and fitness; violence prevention; AIDS and human sexuality. It means being healthy and feeling good about yourself. Comprehensive health education teaches children to take care of themselves. Our children deserve that chance.

We must educate our parents so that they will know how to instill in their children the courage, strength, and perseverance to meet the challenges of growing up. Because we do not want them to do anything wrong, many times parents are unable to give their children sound, solid direction.

I believe we need to teach our young men to be responsible. Children born today need all the help they can get to succeed in this world, including two nurturing parents. They deserve to know and receive support from both parents.

I am about comprehensive school-based or school-linked health services which provide primary preventive health care for children in or near the schools, where they spend most of their time. In Arkansas, it has been our policy that the local community decides if they want a school-based clinic. They decide what they want in their school-based clinics. And if you as a parent do not want your children to use all of the services, or some services, you can select the services that you want your children to use in that clinic.

I believe we must offer our bright young people hope for the future by providing scholarships to those who stay out of trouble and do well in school. It is far cheaper to pay to send them to college than it is to send them to prison.

Finally, I am about improving the quality of life for all Americans. We have improved the quantity or length of life; now we must improve the quality of life by: preventing chronic and infectious diseases; reducing infant mortality; eliminating the serious disparities between minorities; preventing and reducing the toll of injuries and disabilities in our society; preventing violence; improving women's health, and providing care and services for our elderly so they can live in dignity and comfort during their final days.

As Surgeon General, I will be a true advocate for the improvement of health in America, a strong and dedicated leader for the Public Health Service Commissioned Corps, and an effective representative for the Public Health Service.

If confirmed, Senator Pell, I want you to know that I am excited about commanding the Public Health Service Commissioned Corps. What doctor wouldn't be excited about working with over 6,500 highly trained and experienced health professionals? The Commissioned Corps plays such a key role in addressing the public health threats of today, whether they be polio, AIDS, floods, or hurricanes. I commit to you that under my leadership, the Corps will continue to be a vital force in protecting the health of America.

Mr. Chairman and members of this committee, I want to change the way we think about health by putting prevention first. I want to challenge the behaviors and attitudes of Americans by promoting programs and policies which will enable each of us to be responsible for our own health. I want to be the voice and the vision of the poor and the powerless. I want to change concern about social problems that affect health into commitment. And I would like to make every child born in America a planned and wanted child.

Should I be confirmed, I would like to work with each of you and all America to develop an action plan to improve the health of our country. To me, it is not enough just to reform the health care system. We will never have a large enough budget to address all the health care needs of our citizens if we do not start thinking prevention and taking personal responsibility for our health.

I am a hard worker. I am willing to give my time and my talent. We have a great task before us, and I hope you will see fit to make me a part of your team.

I would like to close with an old Greek saying that I use a lot. It says that a society grows great when old men plant trees under whose shade they know they'll never sit. I look forward to working with you to help plant trees for the future generation of America.

Thank you.

[The prepared statement of Dr. Elders follows:]

PREPARED STATEMENT OF DR. M. JOYCELYN ELDERS

Good Morning. Mr. Chairman, Senator Kassebaum and members of the Senate Labor and Human Resources Committee, it is a great honor to appear before you today as President Clinton's nominee for the position of Surgeon General. I want to thank you for taking time from your busy schedules to meet with me during the past few weeks. I appreciate that opportunity and look forward to talking with those of you I have not yet met.

Before proceeding further, I would like to take this opportunity to thank my dear husband, Oliver Elders, and all of my family and friends, many of whom are here today, who have supported me throughout my career, and particularly, for their support during the past 6 months. Many say I am a lightning rod. Please know that they have been my thunder.

I appear before you today at a time when our entire Nation is facing great challenges in public health. AIDS, violence, teenage pregnancy, a drug resistant strain of tuberculosis, low immunization rates all indicate we have not done a very good job at selling healthy lifestyles in this country. I believe the only way to heal our Nation is through prevention. Prevention requires education. If confirmed, I would make my utmost goal the education of our people, all our people, on how to stay healthy.

I have some personal and professional understanding of these challenges that I would like to share with you.

I am the oldest of eight children. I had never seen a physician prior to my first year at college. One of my earliest memories concerning the lack of health care was my 4 year old brother, who had a ruptured appendix and was taken to the doctor more than 10 miles away on the back of a mule. His abdomen was lanced, a drain placed, and he was sent home. I have heard my mother scream during difficult child deliveries, without any medical help. I have seen bright young people all over this

country surrounded by social problems impacting health such as drugs, alcohol, violence, homicide, suicide, AIDS and teenage pregnancy. My experience has led me to know first hand many of the programs administered by the Public Health Service and other Federal agencies.

Second, I know about taking advantage of opportunities. The United Methodist Church helped me reach the first rung of the ladder that enabled me to be here today by providing a scholarship to Philander Smith College at age 15. After college, I enlisted in the Army and became a physical therapist. Following my service years, I attended medical school on the GI bill and after completing my medical training became a board certified pediatric endocrinologist. I know the importance of providing opportunities for our children today.

Third, as a physician in public health clinics and at the University of Arkansas School of Medicine, I have been the provider of many of the services supported by public health programs.

Fourth, I am a teacher. For over 20 years, I have been on the faculty in the Department of Pediatrics at the University of Arkansas School of Medicine.

During my medical career, I was a National Institutes of Health career development awardee. I served on NIH study sections, advisory committees for both the NIH and the FDA, and, as a consultant to or as a member of advisory committees for many of the programs sponsored by the Public Health Service. I am an experienced researcher having authored many articles on hormonal growth disorders in children. I appreciate the need to have good scientific facts to back up conclusions.

For the past 5½ years, I have been an administrator at the State level as Director of the Arkansas Department of Health. Last year, I was honored by my fellow health directors when they elected me President of the Association of State and Territorial Health Officers (ASTHO).

Finally, I am a coalition builder. Since becoming the Director of the Arkansas Department of Health, I have spent a great deal of my time, recruiting the help of churches, schools, civic organizations, judges, businesses and local communities. I realized that I could not do the job alone. I needed to mobilize all of the resources available in our communities to help save the most valuable resource we will ever have, our human capital. I do not believe that we can dictate from above what local communities need to do to solve the public health problems we are encountering today. We must empower each community to design their own solutions.

As a result of my background, education, training, and experience, I have become a strong advocate for programs that will strengthen families, reduce risky behaviors, improve health and enable children to become healthy, educated, motivated and to have hope for the future. Far too many of our children have become members of what I call the 5-H Club—hungry, healthless, homeless, hugless, and hopeless.

I would like to explain what I am about. But before I do that, I would like to address some issues about me that have been raised.

I am about early childhood education to help children get a good start in life. Only 18% of Medicaid children in Arkansas, the poorest of the poor, have the opportunity to attend Headstart. We know that early childhood education is cost effective and a preventive measure that reduces the likelihood that such children will end up as drop-outs, push-outs in prison, or as teen parents.

I am about—and always have been about—comprehensive health education from kindergarten through the twelfth grade. Comprehensive health education means age-appropriate health education programs which include information on: self esteem, alcohol and substance abuse including tobacco nutrition education and fitness exercise, violence prevention, AIDS and human sexuality. It means being healthy and feeling good about yourself. Comprehensive health education teaches children to take care of themselves. Our children deserve that chance.

I advocate educating our parents so that all will know how to instill in their children the courage, strength and perseverance to meet the challenges of growing up. We do not teach parents how to be good parents. Because they do not want to do anything wrong, too often some parents simply do nothing when it comes to providing sound, solid direction and guidance for their children.

I believe we must teach our young men to be responsible. Children being born today need all the help they can get to succeed in this world—including two nurturing parents when possible. They deserve to know and receive support from both parents. Young men must learn that being a father is more than just donating a sperm.

I am about comprehensive school-based or school-linked health services which provide primary preventive care for children at or near where they spend most of their day, in school. In Arkansas, it was my policy (which was later codified) that the local community and the local elected school board would decide if they wanted a clinic in their school and what services to be provided in the clinic. Only 4 out of 24 clinics in Arkansas offer contraceptives on site. Even in those clinics, the parents

must sign a release statement before their child can receive family planning counseling and contraceptives from the clinic.

I believe we must offer our bright, young people hope for the future by providing scholarships to those who stay out of trouble and do well in school so they can attend college. It is far cheaper to send them to college than to send them to prison.

Finally, I am about improving the quality of life of all Americans by:

- preventing chronic and infectious diseases, including cancer, heart disease, hypertension, tuberculosis, and AIDS;
- reducing infant morbidity and mortality;
- eliminating the serious disparities in health problems that minority groups experience;
- preventing and reducing the toll of injuries and disabilities in our society;
- preventing violence;
- improving womens' health; and
- providing care and services for our elderly so they can live in dignity and comfort during their final years.

As Surgeon General, I will be a true advocate for the improvement of health in America, a strong dedicated leader for the U.S. Public Health Service Commissioned Corps and an effective representative for the Public Health Service.

Mr. Chairman, and members of this committee, I want to change the way we think about health—by putting prevention first. I want to change the behaviors and attitudes of Americans by promoting programs and policies which will enable us to be responsible for our own health. I want to be the voice and the vision for the poor and the powerless. I want to change concern about social problems that affect health into commitment. And, I would like to make every child born in America a planned, wanted child.

Should I be confirmed, I would like to work with you and all America to develop an action plan to improve the health of our country. To me, it is not enough to just reform the health care system. We will never have a large enough budget to address all the health care needs of our citizens if we do not start thinking prevention and taking personal responsibility for our health.

I am a hard worker. I am willing to give my time and my talent. We have a big task before us, and I hope you will see fit to make me part of your team.

I will be most happy to respond to any questions.

The CHAIRMAN. The committee will stand in recess subject to call of the chair. As I mentioned earlier, we will meet when the Senate is out of session and continue this hearing, today, this afternoon, tonight, tomorrow, until it is concluded.

The committee stands in recess.

[Whereupon, at 10:10 a.m., the committee was adjourned subject to call of the chair.]

[Whereupon, at 1:05 p.m., the committee reconvened, Senator Edward M. Kennedy, chairman of the committee, presiding.]

The CHAIRMAN. We'll come to order.

We'd be delighted to now recognize our friend and colleague, Senator Hatfield, for whatever presentation he would like to make. Senator Boren is on his way, and Senator Carol Moseley-Braun is on her way, as well as Congresswoman Lambert. So what we'll do is hear the opening comments and then go to 15-minute rounds for questioning, with my understanding with Senator Kassebaum that whatever opening comments members wish to make will be included in their time allocation so that we can move more rapidly toward the questions and answers of the nominee. We have done that on other occasions when we have been pressed in terms of time considerations, although as far as the Chair is concerned, he is not pressed for time. But we shall proceed in that particular way.

So we thank our colleagues very much, as well as the nominee. We apologize for any inconveniences to her, and we also express our appreciation to our fellow colleagues for their attendance here

and their willingness to share with us their views about the nominee, and we'll recognize them in order of seniority.

Senator Hatfield, we are glad to have you back.

STATEMENT OF THE HONORABLE MARK O. HATFIELD, A U.S. SENATOR FROM THE STATE OF OREGON

Senator HATFIELD. Thank you, Mr. Chairman and members of the committee.

As I indicated earlier today, I come here today with ambivalence of emotion. First, I am saddened that the ones who would normally be making this introduction, Senator Bumpers and Senator Pryor of Arkansas, are in Arkansas today attending the funeral of Mr. Foster, who tragically ended his life. So that makes me sad that I am here on that basis in part.

But I am very honored, and I am very happy to be here following a telephone conversation with Dr. Elders, inviting me to make a part of the introduction to this committee. I am especially honored because, after listening to her opening statement this morning, she really needs no introduction, because the eloquence of that statement speaks for itself. But the Lord had to have an introducer in John the Baptist, so I guess even as great as Dr. Elders is, it is still appropriate to have an introducer.

Mr. Chairman, Dr. Elders has such a well-established record as a medical professor, a pediatrician, a researcher and a teacher that one cannot help but be moved by her biography and her background. Her achievements speak for themselves, and the committee has had a presentation in printed form and in her eloquent statement today, so I shall not go through those major accomplishments again.

But I would like to say that in those accomplishments, Dr. Elders is the embodiment and the living example that the American dream is still a reality; that with will and determination and the support of loving family and friends, that she can achieve and become a tremendous verification of the American dream.

I suppose I feel very strongly about that for many reasons, in that my privilege of chairing an Inaugural ceremony and sitting there on that occasion with the President-elect and the outgoing President and the Vice Presidents, the Members of Congress, members of the Diplomatic Corps, the U.S. Supreme Court, and thousands of cheering Americans, I turned to my wife, and I said, "Not bad for the son of a railroad blacksmith and the daughter of an immigrant longshoreman."

She responded quickly to me: "Only in America."

So I cannot help but make some identification with the fact that this is a possible upwardly mobile society.

Dr. Elders first was brought to my attention by my daughter Elizabeth, who last month graduated from the Oregon Health Science University as a medical doctor and was telling me about her commencement speaker, Dr. Elders, for whom there had been given a standing ovation by the students and faculty of the Oregon Health Science University.

Also, probably one of the most distinguished, I believe, of medical administrators, Dr. Peter Kohler of the Oregon Health Science University, gave me a briefing on Dr. Elders because he had been at

the Arkansas Medical Center with Dr. Elders. So I do not come as a stranger, even though I only met Dr. Elders herself day before yesterday.

I also had the visitation of about a dozen of the presidents of the American Association of Medical Colleges call upon me to give me a further briefing and statements of support on behalf of Dr. Elders.

But then the lady herself appeared in my office only day before yesterday. Dr. Elders is a spreader of virus. She infected me immediately with a virus of enthusiasm, a virus of vision, a virus of hope that she has for so many in this country. So I can say that I did immediately become one of her short-time but long-term supporters and enthusiasts.

Now, Mr. Chairman, Dr. Elders and I do not agree on abortion. And some of my colleagues and some of my friends have had difficulty on that particular issue because they too disagree with Dr. Elders. But as I look around this committee, I'm not sure I find anybody who agrees with me on that position, so it looks like, Dr. Elders, you win the vote on that basis. [Laughter.]

But let me say that Dr. Elders and I thoroughly agree, wholeheartedly agree, and we have a strong lifetime commitment to prevention and education to make abortion a moot issue. And if we can lower our voices from all sides in this very volatile debate and debated issue, I am convinced that the way we achieve that kind of prevention and that kind of strategy to make abortion a moot issue is guaranteeing that safe and effective contraceptives are available and that individuals, especially teenagers, have been provided with enough education on sexual reproduction that they fully understand the responsibilities that come with the choices they make.

Certainly abstinence is preferred and should be stressed as a top priority. But I want to emphasize again, this need not be an issue in any way to disqualify Dr. Elders from acting as Surgeon General when her commitment, like all of us, I believe, is to eliminate the issue by prevention and education.

Other issues on which Dr. Elders and I have agreement include access to primary care for all Americans and also, the expansion of medical research and education. Mr. Chairman, members of the committee, I am concerned that even in our debates at the moment on comprehensive health care, there has been an absence of the major mechanism for ultimate cost control, and that is medical research and our commitment to medical research. But she is very catholic in her perspective in that she sees the totality of this kind of health goal for America—delivery, education, access, research. And it is a part of a whole and cannot be segmented from reality.

I am also convinced that with her leadership, her spirit and her intelligence, she will be a great Surgeon General.

So again, Mr. Chairman, I will say it is an honor to be here and to assist my colleagues, Senator Boren, Senator Moseley-Braun and others in presenting Dr. Elders to this committee. I wish her well, and I look forward to the privilege of casting a vote on the floor of the U.S. Senate on her confirmation.

The CHAIRMAN. Thank you very much for those excellent comments, and we are very grateful to you, Senator Hatfield, for your presence.

Senator Boren.

**STATEMENT OF THE HONORABLE DAVID L. BOREN, A U.S.
SENATOR FROM THE STATE OF OKLAHOMA**

Senator BOREN. Thank you very much, Mr. Chairman.

It is very difficult to find words that would add to those words that have been spoken by Senator Hatfield and that were spoken so eloquently this morning in our abbreviated session by Dr. Elders herself.

I very much appreciate the opportunity to join with Senator Hatfield and other colleagues in presenting Dr. Elders to you as the President's nominee for Surgeon General. I have watched as a neighbor across the border from Arkansas her career, her record, and I have admired her courage. As I was listening to her this morning, I was reflecting not only about Dr. Elders but about the State of American politics. The qualities we most need in this country are forthrightness, honesty, the moral courage of speaking clearly one's convictions straight from the heart, and a deep and abiding caring about the people.

As I listened to Dr. Elders this morning, I heard and I felt and I sensed those qualities in her presentation. One of the tragedies of American politics and the age in which we are all participating in it is that it is becoming increasingly difficult to be allowed to perform public service in our country today when one does speak forthrightly and honestly, when one's public statements are an accurate transcript of one's feelings and best judgments about what is in the public interest. It has become easier for those with no record and no opinions, those who avoid controversies, those who do not have the moral courage of their own convictions, those who have never engaged in any controversy because they have never taken a stand on anything, to be easily and speedily put into positions of public trust in our country than it is for those who are most needed because they talk straight to us and honestly to us about our responsibilities.

It is also a sad thing that in our politics in the day and time in which we are living that we have come to stop at times focusing upon the fair treatment of individuals, the fair valuation of their careers, their records, and even their points of view, and we tend instead sometimes, because of our strong feelings on one issue or another, to make people pawns in a political chess game and to treat them as such instead of treating them as human beings who are entitled to be evaluated on the basis of their own character, record, and pronouncements.

So I was honored when Dr. Elders called me and asked me to come. I can only tell you that I am even more honored to be here after hearing her remarks this morning, and I come with an even stronger conviction that she should be the next Surgeon General of the United States for the sake of our country and especially for the sake of the children in our country.

My good friend from Arkansas, Senator Pryor, asked me to represent him today. He and Senator Bumpers, as Senator Hatfield

said, both very much wanted to be here. They feel very strongly about this nomination, but because of the tragedy that took place, they are in Arkansas attending the funeral services of their close friend today.

Senator Pryor before he left did write in his own handwriting on a legal pad some comments, and as always, and since Senator Pryor knows Dr. Elders so well, his comments are so much to the point, and I would hope that the chairman might indulge me in reading at least a portion of what Senator Pryor wanted to say to you if he were here today.

He says: "In America, every 32 seconds, a teenage girl becomes pregnant. Every 35 seconds, a child is born into poverty. Every 64 seconds, an infant is born to a teenage mother. Every 14 minutes, an infant dies in the first year of its life. In 1965, 10 percent of all children under 18 lived in a single-parent home. In 1985, that number had risen to 21 percent. Mr. Chairman, these are not facts and figures that apply to Bulgaria or Uganda; they apply to America—our America—and it is happening today."

"A bold and clear voice has been heard that awakens us. It shakes us. It makes us talk and think about the unthinkable consequences to our families, our communities, our country and our social fabric should we continue to ignore the enslaving cycles of events that eat away at America's family structure. That clear voice belongs to Dr. Joycelyn Elders, who is today President Clinton's nominee."

"Dr. Elders knows poverty because she lived in poverty, and she fought her way out. She is a controversial person because she practices in a controversial world of reality and human misery. She makes hard statements because she wants us to listen. She wants us to listen because the stakes are so high, and to fail would be so devastating."

"Out of this tough world of reality, Dr. Elders has developed strong beliefs. She sees a society in deep trouble, and she offers solutions to problems that people do not like to talk about. She says what she thinks, and what she says is what she believes. With Dr. Elders, there is no sugar coating, no abstract mumblings. For us, she is the brave person who hears the time bomb ticking and has the boldness to say that time is running out. That is courage. That is conviction. And, Mr. Chairman, that is leadership, the kind of leadership America needs to face down the crisis that challenges our families, our communities and our society."

Senator Pryor closes by saying: "I proudly support and endorse Dr. Joycelyn Elders for the post of Surgeon General. I am confident she will challenge all of us to face up to the tough problems, to reach for realistic solutions, and to help America be the best that we can be."

I subscribe to all of those comments, those direct and forceful comments from our friend and our colleague, Senator Pryor, and I would like to add a few thoughts of my own.

I first became aware of the exemplary work of Dr. Elders, as I said, several years ago, living in our neighboring State. Several years later I had an opportunity, just by chance, to turn on the television one night and see a documentary about her work in Arkansas.

As I began to learn more about Dr. Elders and her ideas, I realized that whether or not one agrees with every, single suggested solution that she has offered for the public health problems of our country, no one can dispute her absolute commitment to helping people, particularly children and young people.

Later, as a trustee of Yale University, I had the opportunity to see Dr. Elders receive an honorary degree from my alma mater. The description of this outstanding American from her honorary degree citation, which I might say was drawn by those who are eminent in the health field and the faculty of the university, eloquently sums up Dr. Elders and her philosophy about public health. Here is what the citation said, as she was presented that honorary degree: "As a physician, scientist, educator and public official, you have brought new advocacy and commitment to the health of the public. Because of your vision, creativity and courage, Arkansas legislators have confronted the issues of teenage pregnancy in the context of community health. While others debate national health insurance, you advocate the principles of access, quality and cost-effectiveness. For many of your colleagues dedicated to maternal and child health, you are the Nation's leader."

And we have heard the selection that she has received from those who head the public health programs of the various States and municipalities of this country; they feel the same, and they have selected her as their leader.

I have been personally impressed by the personal achievements of Dr. Elders that Senator Pryor's statement has detailed—raised by sharecropper parents in rural Arkansas, one of eight children. In college, she scrubbed dormitory bathrooms to raise money for expenses. She was the first African American woman to graduate from the University of Arkansas Medical School. She has been acclaimed by health officials and organizations across this country as an extraordinary pediatrician and an exemplary public health official and a groundbreaking researcher in the study of child development. She was the first African American and the first woman to hold the position of director of the health department in Arkansas.

Her nomination has been endorsed by over 150 medical associations. As the committee can see, her personal background and medical credentials are outstanding.

However, much of the debate about Dr. Elders' nomination has been waged not on the basis of her qualifications, not on the basis of her character, but on the basis of some distortions of her views on public health issues. Unfortunately, people who speak frankly about our Nation's problems, as I said, who confront the real crises without rose-colored glasses, often become controversial. And she has spoken very frankly.

We need, Mr. Chairman and members of the committee, someone like Dr. Elders, who is not afraid to point out our Nation's problems in all of their stark, ugly, and difficult reality.

In many ways, the importance of the post of Surgeon General stems from its ability to serve as the bully pulpit. It is not a doctor's job to mince words. It is the physician's job to tell us what is wrong in the plainest possible terms. And in her position as director of the health department in Arkansas, Dr. Elders, if she had minimized in that position the problems, if she had acted like a

politician in the worst sense of that term, if she had not pointed out what needed to be said, she would most likely sail through the nomination process without controversy. But if she had done that, she would not have done her job, and as Surgeon General, I think all of us expect her to continue to tell us what is wrong with our public health in the plainest possible terms.

To say a nominee is unfit because she speaks bluntly and plainly about issues related to public health and the social fabric of this country could not be more dangerous. We must allow and encourage our public health officials to speak frankly, as Dr. Elders has demonstrated. She reminds me of another outspoken advocate of public health, our former Surgeon General and an appointee of President Reagan, Dr. C. Everett Koop.

Dr. Elders' views have been misunderstood primarily because her critics have forgotten her clear and frequently expressed commitment—and she made it again, Mr. Chairman, in her statement this morning, and she made it very strongly—her frequently expressed commitment to local control of comprehensive health and educational services. She supports bringing health services to where young people spend most of their time—to the schools. However, she advocates with equal force local control by the school board of the services that will be offered. She has never sought to impose solutions or views on others; instead, she has tried to educate and reach consensus.

For example, Dr. Elders helped establish school-based clinics in Arkansas, but allowed local school boards and clinics to determine the services they should offer according to their needs, and in fact to allow parents to determine, as she said this morning, the services the individual child would receive. Solutions to health problems in neighborhood with few intact family units and racked by violence and drug abuse may not be the same solutions that are appropriate to different kinds of neighborhoods. Local control allows parents and communities to solve health problems in ways designed to fit their particular environment and to best serve the needs of children.

Addressing the health crisis of our Nation will not be an easy task. The statistics have already been given in Senator Pryor's statement. I would also point out that almost 70 percent of all individuals who have been incarcerated in this country over the past several decades were born out of wedlock. We may differ as to the best solution to these problems, but we cannot afford to turn away from the fact that these problems exist. We must not bury our heads in the sand. Dr. Elders challenges us to confront these problems. As Surgeon General, she can effectively play that role.

I strongly encourage the committee to carefully and positively evaluate her nomination. The life and the career of Joycelyn Elders sends a message to young people across America, and I hope young people across America were listening to Joycelyn Elders today as she testified. She sends the message that no matter how modest may be your financial means, no matter what your race or your gender, through ability, hard work, and above all, though a good heart and commitment to help others, you can make a difference in your home community, your State, and your Nation.

I urge this committee to give Dr. Elders an opportunity to make that major impact on our country.

The CHAIRMAN. Thank you very much, Senator Boren. We are very appreciative of your presence and obviously very sincere and eloquent comments.

We now recognize Senator Moseley-Braun. We are glad to have you here today.

STATEMENT OF THE HONORABLE CAROL MOSELEY-BRAUN, A U.S. SENATOR FROM THE STATE OF ILLINOIS

Senator MOSELEY-BRAUN. Thank you very much, Mr. Chairman, ladies and gentlemen of the committee.

I have a formal written statement that I had been prepared earlier today to deliver. However, I don't think it would be possible to add to the words that Senator Boren just shared with this committee. He has described Dr. Elders' record. He has described her approach to public service. And quite frankly, the description that he has made is such that I genuinely would like to associate myself with Senator Boren's remarks.

I was delighted the other day, in fact, when I spoke on the floor in support of Dr. Elders' nomination, that almost impromptu, Senator Boren joined in the colloquy—and it became a colloquy because he joined in—and we engaged in dialogue on the floor of the Senate about this fine nominee and the importance of this nomination.

And so, having associated myself with Senator Boren's remarks, I would ask first that my written statement be received for the record, and then I would like to add a few words of my own regarding both this nominee and the significance in my mind of her nomination.

The CHAIRMAN. The statement will be printed in the record as if read.

[The prepared statement of Senator Moseley-Braun follows:]

PREPARED STATEMENT OF SENATOR MOSELEY-BRAUN

Mr. Chairman, I am pleased to be here today to introduce Dr. Joycelyn Elders to the committee. I have known Dr. Elders personally for only a short while, but I have known of her outstanding reputation in the field of public health for a long, long time.

Dr. Elders will make a superb Surgeon General of the United States. She has, throughout her career, demonstrated her intelligence, her sound judgement, her character and her integrity. And I am impressed by her candor, her courage, and her dedication to improving the health of all of the citizens of the State of Arkansas. It is impossible to speak with her and not recognize her warmth, and how much she cares about improving the health of every American.

Dr. Elders has demonstrated a longstanding commitment to the health of children. She was a pioneer in preventive health care, and has always stressed early, aggressive intervention. In addition, her tenure as director of health for the State of Arkansas, has been marked by great achievements. During her term, the State nearly doubled the number of children receiving immunizations, and the number of pregnant women and children receiving food assistance. Further, she was instrumental in luring a significant number of physicians to rural community health centers so that those areas would no longer be underserved.

Dr. Elders has worked hard to improve and expand prenatal care, early childhood screening, HIV prevention, and cancer prevention programs for the citizens of Arkansas. Prior to becoming the director of health, Dr. Elders established a successful clinical practice and research career in pediatric endocrinology at the University of Arkansas.

Dr. Elders specializes in the arena of reality education. She is not afraid to speak eloquently and candidly about sex to our young people, or about other critical public health issues. This type of candor was revered in former Surgeon General C. Everett Hoop, and I believe Dr. Elders deserves the same dignity and respect.

Dr. Elders is superbly qualified for the job of Surgeon General. Her entire career from academics to clinical practice to administration has prepared her well for the new challenges that will, I hope, come before her as Surgeon General. I won't belabor the point—her credentials speak for themselves.

I endorse the candidacy of Dr. Elders for U.S. Surgeon General wholeheartedly and without reservation, and I am proud to be able to be with her here today.

Senator MOSELEY-BRAUN. Thank you.

The nominee comes highly recommended and highly qualified for this position. Dr. Elders has a record of excellence both personally and professionally. All of her years, she has demonstrated the willingness and ability to reach outside of herself from the early days of her career; from the early days, even before she was a physician, she was helping other people. And it seems to me again, following on Senator Boren's suggestions, that that is precisely the kind of person that we would want to encourage into public service.

Her dedication and commitment to excellence and hard work is demonstrated by how far she has come. There is an old expression that you can't really judge somebody until you have walked a mile in their moccasins; but the fact is, the moccasins that Dr. Elders has walked in should give inspiration to all of us that in this land, in this country, opportunity really can be a reality for those who are willing to hold onto hope and who are willing to work for and pursue that opportunity. So her own story, what might be described as a Horatio Alger story, should be a source of inspiration for all of us as Americans.

The importance of her nomination really is revealed more in the statistics and the stories that the members of this committee know all too well. Senator Boren touched on some of them. They are statistics that tell us the State of our public health in America. They are statistics that tell us that we have a higher infant mortality rate than many Third World countries—I won't name any, but certainly there are many of them that have more impressive statistics, more impressive records of dealing with childbirth and early childhood than we have in this country. They are statistics that tell us that single parenthood and teenage pregnancies are on the rise and that our young people no longer seem to be able to connect to the information that is even there for them. They are statistics that tell us that we have in some parts of our country not only a lack of health care services, but no health care services at all.

This is the greatest country, and it is inexcusable for us to have health care in the State in which we presently find ourselves. Dr. Elders has a record, Dr. Elders has points of view, she has specific proposals with regard to addressing all of these issues, and addressing these issues in an honest way. And it seems to me that in light of her qualifications for office, in light of the fact that we have such a crisis in this country now in our public health, that we would do ourselves very well indeed by confirming this nominee, giving her an opportunity to take on the challenge of being the next Surgeon General of the United States.

Sitting here and listening to Senator Boren, I couldn't help but think, and after having gone through what was not an undifficult week in the Senate, how we talk an awful lot in Government and

here in Washington about change, and if anything, change has become a watchword for a lot of different things. But I think if anything at all, I perceive almost a sea change in our politics, and that the change that was promised, the change that has been discussed, really is in its own very difficult way—and I say “difficult” to Dr. Elders because I know this process has not been easy for her—but in a sometimes difficult and painful way, that change really is happening, and it is happening before our very eyes. And it may sometimes not be obvious and may not present itself right away, but it is happening, and it is happening because people have decided to make their Government responsive, and their Government is responding.

As Americans, that is something that I think we all need to celebrate, if we just take a moment to recognize that it is going on. Dr. Elders represents the kind of positive change that we need to recognize, we need to support, we need to celebrate in our country, and I am very honored to be a part of this nomination process; I am very honored to speak in behalf of her nomination and to encourage the members of the committee to recognize the high quality and caliber of this nomination and of this nominee, the importance and significance of the confirmation vote that you are about to undertake, and encourage you to proceed with great dispatch to confirm Joycelyn Elders as the next Surgeon General of the United States.

Thank you.

The CHAIRMAN. Thank you very much, Senator Moseley-Braun. We very much appreciate your presence here and your willingness to share those comments with us. We are grateful to you for taking the time to be here.

Congresswoman Lambert, we welcome your willingness to come over here and share your thoughts and to make a second trip as well. We are delighted to hear from you.

STATEMENT OF THE HONORABLE BLANCHE M. LAMBERT, A U.S. REPRESENTATIVE FROM THE STATE OF ARKANSAS

Ms. LAMBERT. Thank you, Mr. Chairman, and thank you to the members of the committee for allowing me to cross the Capitol and to come over and speak in support of my friend, Dr. Joycelyn Elders. I would also like to thank the chairman for his diligence in getting through with this hearing and getting it before us today.

It is my distinct honor to be here today to introduce to you Dr. Joycelyn Elders, President Clinton’s nominee for U.S. Surgeon General, and I do believe I come to you from probably a different avenue along with Senator Pryor and Senator Bumpers. I have direct results of the efforts of Dr. Elders in my district, and I’d like to talk about that a little bit today, if I may.

I would like to ask the committee here, as you begin our Nation’s quest for someone who can tackle our health care woes, I would like to encourage you to focus on confirming a physician who has produced results.

Back in Arkansas where Dr. Elders and I come from, my father has always impressed upon me that hard work and results are what count. A sixth-generation farmer, my father has said that theories on crop disease and genetic engineering are impressive,

but if you don't have a rice crop in September to harvest, you really haven't done your job as a farmer.

Likewise, our country needs someone like Dr. Elders, who offers our Nation both technical theories and results. I would like to point out a few of Dr. Elders' successes for which we in Arkansas are very grateful.

As Arkansas' director of the department of health, Dr. Elders led a tireless campaign for preventive health care, which we all know and understand is the key to healthy people and a sound economy. A true believer in educating folks about the health of their bodies and their minds, Dr. Elders took her campaign to the people, through the media and our schools, and she captured my deepest admiration by looking for resource at hand and utilizing them, rather than seeking to create new programs and more layers of bureaucracy.

She showed the many support agencies how to dovetail together; how they could work together in harmony and share resources to accomplish even more results. A prime example of this can be seen in Crittenden County in my district, where Dr. Elders encouraged groups like The Children's Advocacy, the East Arkansas Legal Services, the Families First Group, the Literacy Council, and the county health department to share information and resources. This enhanced their services and enabled them to reach a wider array of people. It also fostered the attitude that a healthy mind and body should go together to create a healthy contributor to society.

Within 3 years, Dr. Elders nearly doubled Arkansas' immunization rate for 2-year-olds, from 34 percent to 60 percent. Her innovative approach included encouraging after-hours clinics, introducing simultaneous injections, and guaranteeing that every child who visited a health clinic received the shots he or she needed.

Dr. Elders then implemented a statewide computerized network, similar to the model being proposed on the national level, that tracks children for age-appropriate immunization status. Under the direction of Dr. Elders, the number of early childhood screenings grew 1,000 percent, from 4,000 to over 45,000. These screenings included physical exams, vaccinations, vision and hearing screening, and parental education. I am sure you have all talked to teachers who have told you that correcting a youngster's vision and hearing improves his or her classroom participation at a phenomenal rate.

Dr. Elders also joined First Lady Hillary Rodham Clinton to combat infant mortality. Together, they developed the Arkansas Campaign for Healthier Babies. Under that campaign, the maternity caseload increased 17 percent between 1990 and 1992, and that caseload continues to rise as pregnant women get the prenatal care that they need. We have seen that an increase in prenatal care produces healthier, happier babies and costs less in the long run.

Dr. Elders' program achieved these tremendous results by increasing clinic hours again, revising the health education classes, and starting a toll-free phone number for women's health facts and referrals.

On yet another preventive health care front, Dr. Elders expanded cancer screening services for women. These services included mammograms for low-income women, Pap smears for cervical cancer

screening, and follow-up for cervical cancer screening in all public health clinics in Arkansas.

To fulfill her goal of educating our young people about health, Dr. Elders instituted school-based clinics. We have heard a little bit about those already and the ability of the local school districts and school boards to maintain what was to be provided. The news from the 12 clinics in my eastern Arkansas district tell a success story of health care for people who may have had no other option. Nurses at the clinic have told me they see students with concerns ranging from headaches to flu symptoms and depression to thoughts of suicide.

In Forest City High School alone, nurses have seen 50 students a day. Nurses at one of the east Arkansas clinics, in a town that has absolutely no other health care facility, discovered a heart murmur when giving a child a pre-sports physical. In another instance, they noticed a red streaked cut on a child's arm that revealed blood poisoning. And when a teacher reported that a student with cerebral palsy was acting abnormally in class and had not walked in months, the nurse recognized signs of a brain hemorrhage. The student was treated and is now walking again.

These examples represent results. By promoting these school-based clinics, Dr. Elders has brought health care into towns that had no other option, and by bringing clinics to the schools, she has helped to educate students and their parents.

In Arkansas, we have seen the health benefits of preventive care, and we know there are financial benefits as well. We know that for every dollar spent on preventive health care through immunization and other measures, \$10 is saved down the line. In Arkansas, Dr. Elders has been a pioneer in proving these benefits of preventive health care. She has proven that an investment in preventive care provides a better quality of life as well as a better family, State and Federal health care budget.

In closing, let me reiterate that we need a Surgeon General who, number one, recognizes the problems in our society's health; second, sets goals to fulfill those needs; but most importantly, number three, she gets results. We must have a result-oriented physician at the forefront of our Nation's attempt to lower health care costs through preventive medicine and education.

I offer for your examination additional editorial columns from writers in my region who have endorsed Dr. Elders based on the fact that they have seen the results of her health care leadership.

As you listen to the testimony of those who are assembled before you, please keep in mind that hemorrhaging child that I mentioned earlier whose life may have been saved by a school nurse. Please remember that our State's immunization rate nearly doubled under Dr. Elders' leadership. Base your decision on your own health care goals for our Nation, and vote to confirm a woman who can fulfill your goals and the goals of our Nation.

I respectfully encourage each of you, the distinguished members of this Senate committee and the rest of the Senate, to speedily confirm Dr. Elders and let her begin sharing the expertise she has developed in Arkansas with the rest of the Nation.

I thank you for the time to be here.

The CHAIRMAN. Thank you very much, Congresswoman Lambert. Those were enormously useful and helpful comments, to have the kind of detailed examination of what a nominee has done in a practical way in the State. Generally speaking, we have presenters who talk about either what they know about a nominee and the nominee's positive qualities but your comments and explicit details about what Dr. Elders has meant to the young and the old in your district are very welcome commentary and very helpful. It adds additional credibility, obviously, to the nominee when she talks about these matters because it demonstrates that she has hands-on experience with them.

Ms. LAMBERT. Thank you. Results do truly count.

The CHAIRMAN. We thank you very, very much. We appreciate your appearance.

As I mentioned before, the way we intend to proceed is that we'll have 15-minute rounds, and colleagues may use that time to make a comment. I will make a brief comment and then go to questioning, and we'll alternate back and forth between Democrat and Republican, and we'll permit those who have not had a round to have a round before going to following rounds. I'll instruct staff to keep the time.

The Surgeon General is the Nation's chief physician and one of the principal leaders in the important effort to improve the quality of care for all American people. Few positions in the Government are more challenging; few offer greater opportunity to improve the lives of so many Americans.

Every American child deserves a healthy start in life, but too many children are denied that.

Countless older Americans also find themselves without the health care or long-term care that they deserve. Improving women's health is a pressing need. Breast cancer strikes one in eight American women at some point in their lives, but far too few women receive early detection and treatment. A third of all American women do not receive the basic preventive care they need. And in all areas of health care, it is the poor and minorities who suffer the most.

Self-inflicted wounds continue to plague the Nation. Smoking, substance abuse, unhealthy lifestyles threaten million of our fellow citizens and cost our society hundreds of billions of dollars each year in health costs and lost productivity.

These challenges are extremely difficult, and an active, committed and dedicated Surgeon General can make a significant difference. Dr. Joycelyn Elders is superbly qualified to tackle the entire range of health care challenges, especially the problems faced by the Nation's children.

Dr. Elders' own life is a courageous story of her rise from poverty to a career of healing and serving others. In her years at the Arkansas Department of Health, she almost doubled the proportion of children receiving timely vaccinations. She launched an assault on infant mortality. She increased by 10-fold the number of poor children receiving comprehensive health screenings. She dramatically expanded cancer detection and treatment services for women. She increased home care opportunities for senior citizens. She led a crusade against the blight of teenage pregnancy. Most of all, she

waged an unceasing battle to bring good health care to all the children of Arkansas.

In recent weeks, critics have come forward who disagree with positions she has taken. They have also circulated allegations regarding her financial and business practices. Many of these allegations have already been answered, and I know she is fully prepared to address all of them today.

Dr. Elders brings a record of accomplishment and commitment to this position that few can match. I look forward to her testimony today and to her prompt confirmation. She is superbly qualified to be Surgeon General, and the administration and the Nation are fortunate to have her services.

[The prepared statement of Senator Kennedy follows:]

PREPARED STATEMENT OF SENATOR KENNEDY

The committee meets this morning to consider the nomination of Dr. Joycelyn Elders of Arkansas to be Surgeon General of the United States. The Surgeon General is the Nation's chief physician and one of the principal leaders in the important effort to improve the quality of health care for all the American people.

Few positions in the Government are more challenging, and few offer a greater opportunity to improve the lives of so many Americans. Disease knows no boundary of age, race, gender, or class.

Every American child deserves a healthy start in life, but too many children are denied that. Twenty nations have a better record than the United States in preventing infant mortality. More than half of all American children do not even receive timely basic childhood immunizations.

Too many children are denied a fair chance for a healthy, fulfilling life. Drugs, crime, and violence destroy the lives and shatter the dreams of young Americans. The epidemic of teen-age pregnancy blights the hopes and the future of hundreds of thousands of children every year.

Countless older Americans also find themselves without the health care or long term care they deserve. Senior citizens are forced into nursing homes because the care that would enable them to remain in their own homes is not available or accessible. Too often, for Americans of all ages, the lack of appropriate medical care and the lack of preventive care results in premature death or unnecessary disability.

Improving women's health is also a pressing need. Breast cancer strikes one in eight American women at some point in their lives, but far too few women receive early detection and treatment. A third of all American women do not receive the basic preventive care they need. For too long, medical research has shortchanged them by failing to give adequate priority to women's diseases, and by falsely assuming that research on other diseases conducted on men is applicable to women.

And in all areas of health care, it is the poor and minorities who suffer the most.

Epidemics also present serious health care challenges. AIDS threatens almost every American family—and the only cure is prevention. An old killer—tuberculosis—has emerged from decades of neglect as a renewed threat to public health.

Self-inflicted wounds continue to plague the Nation. Smoking, substance abuse, and unhealthy life-styles threaten millions of our fellow citizens and cost our society hundreds of billions of dollars each year in health costs and lost productivity.

These challenges are extremely difficult, and an active, committed, and dedicated Surgeon General can make a significant difference. In the 1960's, Surgeon General Luther Terry awakened a generation to the dangers of smoking. In the 1980's, Surgeon General C. Everett Koop educated the Nation on the danger of AIDS. And in the 1990's, Dr. Joycelyn Elders is superbly qualified to tackle the entire range of health care challenges—especially the problems faced by the Nation's children.

Dr. Elders' own life is a courageous story of her rise from poverty to a career of healing and serving others. As a pediatric endocrinologist and professor at the University of Arkansas Medical School, she was a respected clinician and medical researcher, with more than 150 published scientific papers to her credit. In 6 years as the leader of the Arkansas Department of Health, she earned a national reputation as a public health leader with an excellent record of accomplishment.

In her years at the Arkansas Department of Health, she almost doubled the proportion of children receiving timely vaccinations. She launched an assault on infant mortality. She increased by ten-fold the number of poor children receiving comprehensive health screenings. She dramatically expanded cancer detection and treatment services for women. She increased home care opportunities for senior citizens. She led a crusade against the blight of teenage pregnancy. Most of all, she waged an unceasing battle to bring good health care to all the children of Arkansas.

Because of her outstanding contributions to the health of the people of Arkansas, Dr. Elders has been honored by the American Medical Association, the National Governors Association, the National Education Association, and many other organizations. She has received honorary degrees from seven universities. She has been chosen by her peers—chief health officers throughout the country—to be the president of the Association of State and Territorial Health Officers.

I am including in the record the list of organizations endorsing Dr. Elders and a sample of the letters of support.

In recent weeks, critics have come forward who disagree with positions she has taken. They have also circulated allegations regarding her financial and business practices. Many of the allegations have already been answered, and I know she is fully prepared to address them today.

Dr. Elders brings a record of accomplishment and commitment to this position that few can match. I look forward to her testimony today and to her prompt confirmation. She is superbly qualified to be Surgeon General, and the administration and the Nation are fortunate to have her services.

Senator KASSEBAUM. Mr. Chairman, could I interrupt for just a moment, please?

The CHAIRMAN. Yes.

Senator KASSEBAUM. Senator Jeffords has to leave in about 10 minutes to catch a plane. Would you mind yielding to him to make some comments before he leaves?

The CHAIRMAN. I'd be delighted to yield.

Senator JEFFORDS. Thank you, Mr. Chairman.

First of all, Dr. Elders, it is good to be with you again. I had a very excellent conversation with you last week. I did join Senator Kassebaum in asking that this hearing be deferred so that we hopefully would have sufficient information to relieve us of the burden of examining some of the charges on ethics and other matters.

I have reviewed the information which has been provided to me, and I find that I am satisfied that the only questions remaining are of competence for service rather than ethical or legal questions. In fact, I have no doubt about your competence at this time, either, and I am pleased to mention that.

I would like to ask, though, a couple of questions in rather sensitive and critical areas for which you have received criticism. First of all, the question as to the effectiveness of your work with respect to teenage pregnancies. We have received facts and information indicating that notwithstanding your efforts, there was an increase in teenage pregnancies, therefore raising questions as to the credibility of the claims made by your supporters that you have an effective program in teenage pregnancy.

Would you respond to that, please?

Dr. ELDERS. Yes, sir. Thank you, Senator Jeffords. I would like to respond to that. I, like probably most people in America, we are all ashamed that the United States has the highest teenage pregnancy rate in the industrialized world. And I am not very proud that Arkansas has the second highest in the United States.

Since I have been health director, we have seen the teenage pregnancy rate rise 18 percent in the United States. In Arkansas, it has risen at almost the same rate; in Arkansas, it has risen about 17 percent. If you look at our 15- to 17-year-olds, it has increased 11 percent over the 2 years that it was looked at, and it increased in the United States approximately 18 percent.

I am not bragging. I am not proud about that. You see, we have not had in Arkansas a comprehensive health education program from kindergarten through 12th grade. We would have to start it, and it would take, I think, 12 years to really say that we had true results.

We have 24 school-based clinics in Arkansas. We have 1,200 school districts. And if everyone's record were perfect, I suspect it would not make an impact.

In one of the schools where we had a 39 percent pregnancy rate, I want you to know in that school, this was initiated by the president of the school board, who is a banker's wife. They have a school-based clinic, and it is one of the clinics that dispenses contraceptives. They have one of the lowest teenage pregnancy rates in any of the counties around. That was a northwest Arkansas, predominantly white, district.

We received a Federal grant, and it was called "Better Health for Rural Teens," 1997-plus percent black, 90-plus percent of the teenagers were on free lunch, so obviously, low income levels. Senator, we were very proud that in 3 years, we went from a 57 percent

teenage pregnancy rate to the fact that in 3 years in this school, they did not have a pregnancy, they did not have an abortion, and they did not have a dropout.

So in that sense—but you know, we are talking about isolated schools now—but as I said, it is very difficult for 24 schools to impact the statistics of a whole State. So I am not proud of my record, but I do feel that I have increased the awareness of the citizens of Arkansas. I feel they are committed to working with their children, and I feel that in that community that I talked about, there was a commitment from the church, there was a commitment from the school, there was a commitment from the health department, and there was a commitment to make a difference for their children. That is why I feel that we have to have commitment from everybody in the community. The magic is not the clinic. In that clinic, we probably have one of the best school health nurses in this country, as far as I am concerned—she is certainly one of the best in Arkansas—and she has been here to testify, and she is just wonderful. But it is that kind of a relationship that must be developed with our children. The magic is not putting a building up over there and saying there is the clinic. The magic is for all of us to make a commitment to the most valuable resource we'll ever have—our children.

Senator JEFFORDS. Thank you. That is an excellent response.

I would now like to ask you about another very controversial statement which you made in this same area. I come from a rural State, and we do not see many of the problems which are seen elsewhere in this country. But I did serve as a shore patrol officer in the Navy and also as a part of congressional hearings on teenage prostitution in Los Angeles, and thus I am a little less shocked at what goes in this country than some of my people at home.

This has to do with the utilization of the Norplant contraceptive with respect to the prostitutes. It obviously is an extremely sensitive area because of its relationship to abortion, but if you could explain so that someone in Vermont might understand, why you would feel it necessary to utilize the Norplant for prostitutes who are drug addicts, and why that versus teaching safe sex and those kinds of things are not possible.

Dr. ELDERS. Yes, Senator. Thanks for asking me that. I was asked on a TV show would I support Norplant for a drug-abusing woman, someone who was drug-addicted and was a prostitute. And my answer was that I would very much support Norplant for that woman so that she would not become pregnant and have a drug-addicted baby.

And Senator, obviously what I would most like is one, that she not be addicted; second, I would certainly like for her not to have to use sex to get money to buy drugs. I would like for us to have treatment centers for these women. But sometimes we don't have that. We do have the availability of Norplant, but many of these women, Senator, cannot afford Norplant. So what we do is we don't offer them Norplant; they get pregnant, they have another baby that is often drug-addicted and many times, premature. And I feel that if we could have made available all the services that we had, we could give her an opportunity to get into treatment, to get

cured, and then I would like for her to have as many babies as she would like.

Senator JEFFORDS. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator Jeffords. We appreciate your questions.

Senator Kassebaum and I submitted questions to Dr. Elders pertaining to her tenure as director of the board of the National Bank of Arkansas, and she has responded. And, Dr. Elders, at least I am going to get into the four or five areas that have been raised since the time of your nomination, and then go back to some of the public health issues, which I am most eager to hear you out further on.

Dr. Elders has responded in writing to those questions. In addition, the FBI was directed to conduct an independent review of the relevant Comptroller of the Currency documents, which are not publicly available. Senator Kassebaum and I have been briefed by the FBI, and after careful review of the matter, Senator Kassebaum and I believe that Dr. Elders' answers are truthful, and that they accurately reflect the findings of the FBI. Senator Kassebaum and I would like to emphasize that we have checked with the FBI and the Office of the Comptroller of the Currency, and we can confirm that Dr. Elders is not the target of any further investigation.

Now I'd like to go through these questions. You have written to myself and Senator Kassebaum, with responses to our questions, and we will make the letter part of the record, but I think it is important to hear you out on those particular questions.

[The letter referred to may be found in the appendix.]

The CHAIRMAN. Question number one: Was the National Bank of Arkansas, NBA, ever subject to a formal enforcement action under 12 U.S.C., Section 1818?

Dr. ELDERS. The National Bank of Arkansas was subject to a formal enforcement action under 12 U.S.C., Section 1818, in the form of a formal written agreement between the Comptroller of the Currency and the board of directors of the bank.

The CHAIRMAN. Did an officer of the Comptroller of the Currency in the OCC examination report find that any directors of NBA engaged in practices that violated national banking laws regarding either safety and soundness, or criminal activity?

Dr. ELDERS. I was briefed at board meetings on the content of examinations reported by the OCC and the president of the board. I was advised that all directors were cited in the examination report as having violated national banking laws and safety and soundness laws relating to their failure to supervise bank management. I was advised that the examination report did not find their activities to be criminal.

The CHAIRMAN. Did any of the directors of NBA, including yourself, receive letters of reprimand from the OCC?

Dr. ELDERS. I received a letter of reprimand solely in my capacity as a member of the board of directors of the NBA. I believe that other directors who served on the board also received letters of reprimand.

The CHAIRMAN. Well, that is my understanding that all the other members did. Now, I also understand, Dr. Elders, that there was some consideration of assessing civil penalties against the board of

directors' members by the Comptroller of the Currency. However, it is clear that the final decision was merely to give the directors a warning in the form of a reprimand and impose no civil fines.

I just want to make the point that the decision to impose only a reprimand was made by a committee of senior bank supervision personnel who were all career employees of OCC; that the committee made a recommendation which resulted in a letter sent by the director of bank supervision, himself a career employee of the OCC. The decision was made prior to the installation of the new Comptroller of the Currency under the Clinton administration. Is that your understanding?

Dr. ELDERS. Yes, that is my understanding.

The CHAIRMAN. Was any of your conduct cited specifically in any examination report?

Dr. ELDERS. I believe that no conduct in which I personally engaged was ever cited specifically in any examination report.

The CHAIRMAN. And were the directors ever informed by examiners that the bank management was engaging or had engaged in unsafe and unsound banking activities or violations of national banking laws?

Dr. ELDERS. As a result of the examination report, board directors were informed that bank management had engaged in unsafe and unsound banking practices which were in violation of national banking law.

The CHAIRMAN. And did the directors take action to reasonably ensure the activities cited in the OCC reports would not continue?

Dr. ELDERS. I believe that although the examiners acknowledged that remedial actions were taken, the examiners did not view those actions as sufficient to correct activities of bank management. Thus a letter of reprimand was issued by the OCC to me and other directors.

The CHAIRMAN. Are you the target of any further investigation?

Dr. ELDERS. I believe that I am not the target of any further investigation.

The CHAIRMAN. We have made independent inquiry, and you are not a target.

Did the board grant each director a \$200,000 extension of credit?

Dr. ELDERS. The minutes of the board of directors' meeting indicated that the directors were given an extension of credit up to \$230,000. This extension of credit was not construed by me as automatic loan approval in that each loan was subject to the usual banking policies and procedures applied for by anyone else. I abstained from the board vote granting me the extension of credit.

The CHAIRMAN. So you did take advantage of it, but as I understand from your answer, the requirements for the loan were the existing procedures and practices that existed in the bank?

Dr. ELDERS. That is correct, Senator. As I understood it, even now, rather than an extension of credit, we thought it was a lending cap over which no director could borrow more than that because of the size of our bank, and if we were ever to have a loan, it had to be subject to the same scrutiny, probably even more scrutiny, than anyone else.

The CHAIRMAN. If the directors received such an extension of credit, was this decision ever cited or criticized by bank examiners?

Dr. ELDERS. No, sir.

The CHAIRMAN. Did you ever borrow money from the NBA during the time you were a member of the board?

Dr. ELDERS. Yes, sir.

The CHAIRMAN. What was the purpose of such loans?

Dr. ELDERS. I borrowed from the bank on various occasions under terms and conditions available to all borrowers. The purpose of the loans was primarily for commercial ventures, including the purchase of real estate.

The CHAIRMAN. Did you ever borrow any money from the bank at preferential rates not offered to other borrowers during the time you were a member of the board?

Dr. ELDERS. No, sir.

The CHAIRMAN. Did you recuse yourself from discussion or approval by the board of any loan that you had requested?

Dr. ELDERS. I recused myself from voting on the extension of credit by the other members of the board of directors to myself.

The CHAIRMAN. Does the Comptroller of the Currency have to approve or sign off on any settlement agreement involving litigation alleging allegations of Federal banking laws?

Dr. ELDERS. Not to my knowledge, no.

The CHAIRMAN. OK. My time has expired. In the next round, I will go into both the Social Security issues and the "double-dip" salary issues in some detail. Maybe there are members who want to ask some questions about that—

Senator DODD. Mr. Chairman, how long would that take? How much time are you talking about?

The CHAIRMAN. Probably another 15 minutes.

Senator DODD. Well, I would recommend, unless my colleagues object, that you go through the questions now. The questions have been raised. I think going through them is worthwhile, and it should be done with some sort of continuity.

Senator WELLSTONE. Mr. Chairman.

The CHAIRMAN. Senator Wellstone.

Senator WELLSTONE. I think that certainly makes sense to me. I would like to say that I have to leave a little earlier this afternoon because of the crop damage in Minnesota, but it would be fine with me if you went on with those questions.

Senator KASSEBAUM. Well, Mr. Chairman, let me say—and I think Senator Durenberger has some of the same problems, and he will have to leave—I would suggest that some of us can stay later, and we can go back through those questions.

Senator MIKULSKI. I volunteer to stay later.

Senator KASSEBAUM. And I'll be here later.

The CHAIRMAN. I'd be glad, therefore, at least with the understanding on this side, that when the time comes back to this side, if you want to yield, I'll just finish those particular items, and then when that time is expired, return to the other side.

Senator KASSEBAUM. So you are going on now?

The CHAIRMAN. No. I am going to recognize you for 15 minutes, and then when you have concluded, I'll take 15 minutes over here and continue on these issues. Generally speaking, what we have done in the past is, on those matters which are of general interest to both the Republicans and the Democrats, go through those mat-

ters in some detail first and then divide up the time in terms of the policy questions. But we want to try to be scrupulously balanced to the extent that we can in the remainder of these matters.

So I now recognize Senator Kassebaum.

Senator KASSEBAUM. Thank you, Mr. Chairman.

Dr. Elders, welcome. As Surgeon General, the role really calls for the Surgeon General to be the recognized spokesman for the Nation's health and to put forward an agenda for the public on the priorities of health care and public health. In many ways, you are the Nation's top doctor.

I would suggest that it calls forth for you an opportunity to address those issues that you have already spoken to that you believe—and I think we would all believe—have great importance. Also, I think it requires a responsibility to bring a consensus of support together for those initiatives in addressing the concerns that you would have as the Surgeon General.

Certainly, as has been mentioned, your dedication and your perseverance in obtaining an education and all that you strived to get that, keeping that goal in sight, must be an inspiring lesson to all students. I think that is something that is important to young people today, to recognize that goals can be achieved and that it does require a certain amount of dedication and perseverance on the part of everyone.

I would like to explore some questions with you, but first just to ask—as Senator Jeffords asked—about the teenage pregnancy rate in Arkansas. I think we are all concerned about the tragedy of teenage pregnancy, younger people and their health, and the poverty and lack of education that go with that—but you and I are about the same age. We were in high school in the forties, and it was not a major issue then. I, frankly, would never have thought of anyone discussing condoms in the high school. It would have been beyond my imagining and my parents'.

What do you think has caused the difference today?

Dr. ELDERS. Senator, I think there are perhaps several factors that have influenced the difference. First of all, teenage pregnancy has really been with us forever—

Senator KASSEBAUM. But not in any way in the numbers that it is today.

Dr. ELDERS. Well, one of the things is that there were more teenage marriages years ago, so there were fewer unmarried—they were just far more likely to get married. So that is one thing.

The other thing, Senator, is that children are going into puberty earlier. The average age of puberty, let's say, years ago, was 17; 100 years ago, it was 17 years. And it has been dropping about 4 months every 10 years.

Another factor that I feel has influenced teenage pregnancy, Senator, is television. Everything is on television. The other thing is that there are more women who work. We think that approximately 70 percent of our teenage pregnancies occur between 3 and 5 in the afternoon after our children have gotten home.

So I feel that all of those are factors which are contributing. The other thing that is a problem is that our children are growing poorer, and we know that children who are poor are three times more likely to become teenage parents. In the 1970's, one in seven of our

children was poor, and we know now it is one in five. And in the South, Senator, it is one in four. And when we look at our minority children, it is one in two. So that is a real problem.

Senator KASSEBAUM. It is a real problem. I know that. I was just curious from the experiences in the time frame in which we grew up, because my guess is that also, your family, your parents were making sure that you were either working or going to school.

Dr. ELDERS. Well, Senator, we had no choice.

Senator KASSEBAUM. Well, but that's a major difference today, don't you agree?

Dr. ELDERS. Oh, yes; oh, yes, ma'am. I do not disagree with that. Our children had jobs. We were busy. We were involved in many other things. This is why I feel that we have got to start looking at ways to involve our young people, our youth, in activities to get them off the street so that they are not doing other things. We are kind of leaving them out there for the drug kingpins, and to get involved with alcohol and many other things, and it is very frightening to me for our bright young people in Arkansas, Senator—in this whole country. But I see them.

Senator KASSEBAUM. Is it true that—I have understood that the role, perhaps, for the Surgeon General may be changed, and that there is going to be a coordination of activities across the entire Public Health Service? In your role, will you also try to prevent unnecessary duplication of efforts across the Public Health Service?

Dr. ELDERS. I certainly will, Senator. I think that what we are going to try and do is all work together to try to stop having our programs being quite so fragmented and really try to build programs around people, rather than having people circling the wagons trying to find us.

Senator KASSEBAUM. Will you be reporting to Dr. Lee or Secretary Shalala?

Dr. ELDERS. Yes, ma'am, to both, to Dr. Lee and to Dr. Shalala.

Senator KASSEBAUM. I would like to ask a question that has come up about the Mercy Nursing Home. Your financial disclosure form in 1989 for the State of Arkansas indicated you had a financial interest of between \$1,000 and \$12,500 in the Mercy Nursing Home, which is located in North Little Rock. Could you explain precisely what the nature of this interest was?

Dr. ELDERS. Senator, the owner of Mercy Nursing Home, I lived with her mother, and I had known the family, and I worked at that nursing home when I was a student. I had no financial interest. I think on that form, what you have to say is if you received—it really relates to money—if you received more than \$1,000, so that block that was checked was more than \$1,000. And then the other thing, it was more than \$12,000. So that really, I have no financial interest in Mercy Nursing Home. Mercy Nursing Home is now closed. It was sold to others in, I think, probably the end of 1989. So I was the medical director; I worked there for the woman, and I lived with her mother. They had been friends all my life. So it was more to appease them, and I was really there for approximately an hour on Saturdays.

Senator KASSEBAUM. And you say you lived with the mother of the owner?

Dr. ELDERS. When I went to college, for a year, yes, ma'am.

Senator KASSEBAUM. Did you feel that having an interest in the nursing home was in any way a conflict of interest with your role as the director of public health?

Dr. ELDERS. No. The health department had no relationship to nursing homes in Arkansas. We do not approve them, we do not inspect them, and neither Medicare nor Medicaid is in the health department. So as I said, it was not a financial interest. It was payment for services, \$4,800 for the year. It was approximately \$100 an hour.

The CHAIRMAN. Would the Senator yield on that point?

Senator KASSEBAUM. Yes.

The CHAIRMAN. Who does have responsibility? As I understand, it is the Department of Human Services and the Attorney General?

Dr. ELDERS. Yes, sir.

The CHAIRMAN. Could you tell us who has the responsibility?

Dr. ELDERS. The overseer of the nursing homes is the Department of Health and Human Services. They do all of the inspections, and of course, the Attorney General, any time there is something found wrong or illegal or anything, the Attorney General is involved. But the responsibility is really with the Department of Human Services, not with the Department of Health.

Senator KASSEBAUM. Dr. Elders, I would like to skip back to the health aspect. I know it may seem as if it is nitpicking sometimes to go at these questions regarding financial interests and so forth, but on the other hand, this happens to all nominees, and I think it is absolutely essential that the record be perfectly clear.

On the school-based health clinics, you have spoken about the importance of those and that they are determined, based on local school districts and local school boards. Now, is the decision whether to have them or not made by the local school district?

Dr. ELDERS. That's correct.

Senator KASSEBAUM. And then the State of Arkansas provides the funding for those, of course, if the school board decides?

Dr. ELDERS. That's correct—the State of Arkansas, primarily through the Department of Health. We used some maternal and child health funds, other Federal funds, State funds, with the feeling that they were really satellites of health departments, so we could provide similar services in the school-based clinics that were provided in health departments, but the rules were different.

Senator KASSEBAUM. Would you advocate a Federal role in school-based clinics?

Dr. ELDERS. Senator, I feel so strongly about the involvement of the community, and I feel that the community needs to make a commitment for the bright young people. And because of that, I feel that if funds were available, and schools applied—let me tell you how we got started.

What we did was we said we could afford to fund 10 school-based clinics. Out of those 10 school-based clinics, we said the first 10 schools that applied and completed all of the applications to get one, based on need, would be funded. And we considered the number of children who were on free lunch, the number of dropouts—the kinds of things that schools had. We didn't want them running around trying to find a lot of different kinds of things, like the number of children that they may have involved with drugs. Obvi-

ously, we wanted it to be in the areas of greatest need. Then, that school board had to have a meeting and pass a resolution—and this was before they could even apply—pass a resolution that they wanted a school-based clinic. It had to be an open meeting, and it had to be advertised in advance.

Following that, the school board then could decide—let's say the resolution was passed—then the school board would decide what they wanted in their clinic. And as you can see, if we have 24 clinics, and only four of them have reproductive health, you can see that that was a frequent thing that they did not want to do—but that was fine; that was what they decided.

But then let's say for the schools that have reproductive health, you as a parent could say, "I don't want my child to even use the clinic"—and that is fine; they could not get any services at the clinic. Or, you could say, "I don't want my child to have reproductive health, but I would like him to have everything else." Then, they could have everything else, but they could not have reproductive health in the school-based clinic.

That was the way we did it, and we now have many schools on the waiting list who have gone through all the procedures, and what they really need is funding. And I think if Federal funds were available involving local control, Senator, and they knew that they had an opportunity to get the funds, that you would have many schools—I would say that in Arkansas, you would probably get 90 percent of the schools.

Senator KASSEBAUM. If there were the public health funds in Arkansas—

Dr. ELDERS. If there were funds available to take care of them.

Senator KASSEBAUM. I was going to ask you if you had a waiting list, and if support was growing for it.

Dr. ELDERS. We do have a waiting list. Support is growing for it. We have more schools—but now the schools know we have 24 school districts on the waiting list, and that we fund them as we can. A school district may have 10 or 15 schools, but we are talking about 24 different school districts that are on the waiting list.

Senator KASSEBAUM. Mr. Chairman, I'll yield the time and will be here for other rounds. Let me just say that Senator Gregg sent a letter, and he said that he would probably not be able to attend this afternoon, but he wishes to reserve the right to submit written questions to Dr. Elders for the record, and in my absence, he would like for me to make this request.

The CHAIRMAN. That is certainly agreeable.

Senator Pell.

Senator PELL. Thank you, Mr. Chairman, for holding this hearing. While I am confident that Dr. Elders will be an effective advocate of many of our Nation's most important health needs, with which I am in basic support with you, I do have one concern that I have expressed to you and to Secretary Shalala. That is, the Surgeon General's primary responsibility to my mind is as manager and leader of the Commissioned Corps of the Public Health Service.

When we first talked about this topic, I think we had a certain difference of view on this, but in view of your statement this morning, I was delighted to hear that you share my enthusiasm for the Public Health Service.

Dr. ELDERS. I certainly do, Senator.

Senator PELL. I was much impressed with the force and the depth of your statement this morning in that regard.

I would like to ask you if you could give me your idea of the role of the Commissioned Corps and how you would handle it and how you intend to lead it. I am particularly concerned because the Public Health Service used to man the vessels, the cutters we were on in World War II, and I have since watched the work of the Public Health Service.

Dr. ELDERS. Senator, as leader of the Public Health Service Corps and all the many bright young physicians and people who are part of the Corps, the 11 different groups that are part of the Corps, I would hope to be able to encourage and recruit more people to come into the Corps as a part of the overall management. We would work with all of the different agencies that we are required to work with—with the Department of Transportation, especially in regard to the Coast Guard and providing health services for those individuals. We would be working, obviously, with the States in the many things they are doing especially now in the area of flood control. I think that we would need to be able to respond very quickly and immediately. We would like to be able to continue to work with the Department of Defense to coordinate health services and health activities for all of the different branches. And obviously, we have a huge number, but as you know, many of them are at the NIH, and they are at the FDA, CDC; they are in many different agencies, and we would like to continue to be able to have the Commissioned Corps as one of the real leaders in the Public Health Service.

I have met many of these wonderful people who are part of the Corps, and I have been very impressed with their dedication. Nothing is better than for a nation to have a ready, available service of trained people that you can call on when you need them. I think the recent flood is one more example of the kinds of things that they need to do.

Senator PELL. But do we concur in the fact that your prime responsibility is as the leader of the Public Health Service, and the other duties are ancillary to it?

Dr. ELDERS. My primary responsibility, Senator, will be as an advocate for health services and certainly as a leader. I think Dr. Lee at the present time—and I would report to Dr. Lee, but I would certainly be his advocate—is kind of considered the prime leader of the Public Health Service, and I would respond and report to Dr. Lee. But I feel very strongly about the Public Health Service and being one of the leaders in that area.

Senator PELL. Just to keep the record straight, I think the line of command goes from the Public Health Service through you to Dr. Lee, and you are in that line of command.

Dr. ELDERS. And I would like to continue to develop and move the Public Health Service forward.

Senator PELL. And what you would be specifically the leader of is the Commissioned Corps.

Dr. ELDERS. Yes, sir.

Senator PELL. Is it your intent to wear the uniform, as Dr. Koop and Dr. Novello did?

Dr. ELDERS. Senator, I definitely plan to wear the uniform. As she was getting ready to leave office, Dr. Novello told me that you never know when somebody is going to drop in and want a picture with the Surgeon General, so you have to always be prepared. And with that, yes, sir, I plan to wear the uniform.

Senator DODD. You could get one of those cardboard cutouts. [Laughter.]

Senator PELL. Another question—despite the years of nationwide attention that the dangers of drunk driving have received, many of our young people continue to drink and drive and die. Will you continue the work of your two predecessors in this regard?

Dr. ELDERS. Yes, sir. I could do nothing less. I think violence and accidents are getting to be very high killers of our bright young people, and we must work with everyone to try to reduce drinking in our young people and reduce drunk driving; yes, sir.

Senator PELL. A similar question is in connection with discouraging tobacco use amongst our children, which is again where Drs. Koop and Novello took their lead in the past.

Dr. ELDERS. Yes, sir. In fact, the tobacco industry has already been very concerned about some things that I have said in regard to the tobacco industry, and Senator, we have to be concerned when we realize the number of people that are dying as a result of lung cancer and the high cost—\$64 billion—on our health care system. So yes, I will be out there fighting against not only cigarette smoking, but against smokeless tobacco or any other use of tobacco especially for our young people.

Senator PELL. I want to thank you for your answers, and good luck to you in your role as commanding officer of the Commissioned Corps. I am sure you will do a fine job. Thank you very much.

Thank you, Mr. Chairman.

Dr. ELDERS. Thank you very much, Senator.

The CHAIRMAN. Thank you, Senator Pell.

Senator Coats.

Senator COATS. Thank you, Mr. Chairman.

Dr. Elders, I apologize for not being here—I was here for your statement, but I apologize for not being here for the opening questions. Another committee on which I serve was marking up its bill, the Armed Services Committee, and we got right to the end, and we always save the most contentious, controversial issues for the end, so I was torn between the two. So if I repeat anything, I apologize; I don't intend to.

Dr. ELDERS. I understand.

Senator COATS. I would like to pursue a number of questions. First of all, I want to ask you a couple of questions about the financial records. You understand and I think agreed that it was within the committee's prerogative and appropriate for the committee to delay your hearing a week. We had not received those financial records, and the reason why we wanted to receive those financial records was for the purpose of dealing with the questions and allegations that had been raised relative to your financial affairs. So looking at those records, I think, was appropriate.

Now, we have received some, but not all. Most of what we received was either very late last night or early this morning, which really didn't give us adequate time to go over them. However,

records which go to this whole question about the Social Security payments would necessarily come from your tax returns, and my understanding is you have declined to make those tax returns available. Is that a correct understanding?

Dr. ELDERS. That is correct, Senator.

Senator COATS. Do you feel that that is appropriate in that a question has been raised relative to failure to pay Social Security taxes that were due, and we do not have the records to—

Dr. ELDERS. The Social Security, Senator, was for my mother-in-law; it was filed on my mother-in-law's returns. I do not feel that my mother-in-law is really a part of these hearings. It is separate. My husband has power of attorney. The Social Security has been paid.

Senator COATS. I understand that. I guess my—

The CHAIRMAN. Would the Senator yield on this issue? Under the practice of this committee, if the Senator is interested in having a briefing from either the IRS or Social Security on the details of these matters, any member of the committee, and any member of the Senate is permitted to have that briefing. But we have recognized a modicum of privacy, particularly when the documents involve another person and are not directly related to the nominee.

Any question that you have with regard to her taxes or Social Security, you will be briefed in as much detail as you would like. The FBI has made available to us their conclusions on this matter.

So we should have some perspective on this issue. The only time we have had complete tax information was from Secretary Lamar Alexander, who voluntarily supplied it.

Senator COATS. I understand that, Mr. Chairman.

My question was do you plan to submit them or not, and you answered no, and that is the end of the question.

Dr. ELDERS. Right.

Senator COATS. I do, then, have some questions relative to that Social Security issue that I think we ought to clarify so we can put this issue to rest. It obviously has been an issue in other nominations on payment of this tax, and in that it has been such a prominent issue, I think it would be important to get some answers for the record if I could.

Could you describe for us the nursing arrangement that you and/or your husband established for your mother-in-law?

Dr. ELDERS. All right. The nursing arrangement, Senator, was initially established by my father-in-law to take care of his wife, and we continued those arrangements. My husband had power of attorney, and he paid this nurse most of the time, but I did pay her sometimes.

Senator COATS. Was that Audrey Ruffin?

Dr. ELDERS. Yes.

Senator COATS. And who hired Audrey Ruffin?

Dr. ELDERS. My father-in-law, Oliver Elders, Senior.

Senator COATS. And where did she work?

Dr. ELDERS. She worked taking care of my mother-in-law at my house.

Senator COATS. And she was a private nurse?

Dr. ELDERS. She was a home health aide, and that was her primary responsibility. She worked about 6 to 7 hours per day. I

would get up each morning and, before I would go to work, get my mother-in-law up, bathe her, feed her, and take care of her necessary things, and put her in the chair, because we were trying to use just one person. And I would care for my mother-in-law on the weekend. But Ms. Ruffin was there every day, and she took excellent care of my mother-in-law, and that was her only job.

Senator COATS. Did you and/or your husband basically dictate her responsibilities and the hours that she was to—

Dr. ELDERS. That had really, as I said, been arranged by my father-in-law, and we kept that arrangement. I was gone when Ms. Ruffin came; I was already at work. She left before I got home. So—

Senator COATS. If you were going to travel at a different time, or leave earlier or leave later, did you have—

Dr. ELDERS. Senator, I caught planes at 6:45 in the morning. I would get my mother-in-law up, bathe her, feed her, and put her in the chair—

Senator COATS. I understand that.

Dr. ELDERS. —because the most important thing for me was that she was very comfortable.

Senator COATS. I understand that, Dr. Elders.

Dr. ELDERS. This was a woman who, when my children were very small, and I was having to work very long, hard hours, especially during the summer, would come and take my children and keep them for a month, and take them to Disneyworld and places. And every summer, she would keep my children for a month for me, for a rest.

Senator COATS. Dr. Elders, I—

Dr. ELDERS. So now, I don't have any problems taking care of her.

Senator COATS. I understand that.

Dr. ELDERS. And yes, when I left at 6 in the morning—

Senator COATS. You misunderstand my question, Dr. Elders.

Dr. ELDERS. Oh, I'm sorry.

Senator COATS. I perhaps did not State it clearly.

Dr. ELDERS. Oh, I'm sorry. I thought you said when I was going—

Senator COATS. I think it is very admirable what you did, and I can appreciate the difficulty of doing that, and I can find—

Dr. ELDERS. I never considered it a difficulty, Senator. I felt that I was doing—

Senator COATS. I am trying to be sympathetic, empathetic.

Dr. ELDERS. Well, I don't want you to be sympathetic. [Laughter.] I am telling you that—

The CHAIRMAN. She doesn't need it; that's what she's telling you.

Dr. ELDERS. —this is something I have done with pride because she did it for me.

Senator COATS. My question was could you have called up Audrey Ruffin and said, "Audrey, I have to leave at 6:45. Could you come earlier today"—or tomorrow—were you able to do that, or did you do that?

Dr. ELDERS. Now that I am here, Senator, and my husband is here, too, Audrey Ruffin is taking care of my mother-in-law.

Senator COATS. I understand that, but my question is who made the arrangements for Audrey Ruffin in terms of what time she would show up for work and how long she would have to stay?

Dr. ELDERS. That had really been prearranged by my father-in-law. She always looked good, and she was always well taken care of, so I didn't see her. And I know it sounds—

Senator COATS. OK. Let me go on to another question. I am not able to State that with sufficient clarity. Did Audrey Ruffin ever live with you?

Dr. ELDERS. No, sir.

Senator COATS. Was she paid by checks drawn from your joint checking account with your husband?

Dr. ELDERS. Yes, sir.

Senator COATS. Have you ever signed a check or made payments to Audrey Ruffin for services received?

Dr. ELDERS. Yes, sir.

Senator COATS. Have you ever signed a check or made payments for services rendered to Leona—excuse me—maybe it is divine intervention; maybe I am not supposed to ask these questions. Now, is Leona Elders your mother-in-law?

Dr. ELDERS. Yes, sir, she is my mother-in-law.

Senator COATS. She is your mother-in-law. All right. Now, is it true that Social Security and unemployment taxes were not withheld from Ms. Ruffin's wages while she was in your employ?

Dr. ELDERS. That's correct.

Senator COATS. And were Federal and State taxes withheld from her salary?

Dr. ELDERS. No, sir.

Senator COATS. Did either you or your husband consult with a lawyer or tax expert regarding your mother-in-law taking a deduction for services which she did not pay? Did you ever contact a lawyer or a financial consultant or a banker to try to understand what the arrangements were?

Dr. ELDERS. No, sir. Senator, I—

Senator COATS. I am not commenting on whether this—

Dr. ELDERS. Well, I guess I'm saying—

The CHAIRMAN. Could you restate it, Dan? I am trying to follow it myself.

Senator COATS. Did either you or your husband consult with a lawyer or a tax expert regarding your mother-in-law taking a deduction for services for which she did not pay? In other words, on your mother-in-law's return—

The CHAIRMAN. Did you consult with a lawyer about your mother-in-law's taxes to get advice as to whether she could take a medical deduction?

Senator COATS. Or any other deduction.

Dr. ELDERS. No, sir. Well, our tax accountant handled that, and this was—

Senator COATS. You didn't raise the question with them.

Dr. ELDERS. No, sir.

Senator COATS. When did you realize that what was done here was a violation of the law in terms of not paying the taxes?

Dr. ELDERS. Well, Senator, I guess even today, I don't feel that it was a violation of the law in regard to me, but I think it was an error that was made in that my husband didn't pay.

Senator COATS. Well, whether we agree with the law or not, the law states that it is a violation. Did you at some point realize that it was a violation of the law as written?

Dr. ELDERS. Well, I guess the past few weeks, I guess I did. When we found out, we paid it, but it was not a violation, I don't think, for me.

Senator COATS. But you did at some point realize that the law had been violated relative to the taxes and Social Security.

Dr. ELDERS. Yes.

Senator COATS. As the director of a State health department, were you familiar with the practices and procedures for hiring private nurses?

Dr. ELDERS. Well, Senator, I did not get into all the details of personnel policy at the Department of Health.

Senator COATS. So you were not aware then that there were certain legal responsibilities relative to tax payments and so forth to private nurses.

Dr. ELDERS. Senator, it was my understanding—and this had been some of our understanding in regard to this—that private-duty nurses really are independent consultants or independent contractors, and they handle their own—you pay them a fixed amount, and—

Senator COATS. Your husband, when asked why he failed to withhold the taxes, said it was because he couldn't afford to pay them; yet there has been a lot written about your salary and your husband's combined salary with yours. Was that an accurate statement? Was that a fact, that you could not afford to pay the taxes on the nurse hired to take care of your mother-in-law?

Dr. ELDERS. Senator, I would not like to answer in regard to what my husband said, because I didn't hear him make that statement.

Senator COATS. Well, could I have your opinion as to whether or not you thought you and your husband had sufficient income to pay the taxes?

Dr. ELDERS. I'm sure, Senator, we would have—you know, you always have sufficient income to do what you have to do.

Senator COATS. Well, I guess my question goes to whether or not you thought you were supposed to pay the taxes, or you thought that you just did not have enough money to pay the taxes.

Dr. ELDERS. Senator, again, these were my mother-in-law's taxes—

Senator COATS. Dr. Elders, listen, I can—

The CHAIRMAN. Let her answer. She is trying to answer.

Senator COATS. Well, it wasn't answering the question I asked, but I'll be patient.

The CHAIRMAN. She is entitled to give any answer if she can answer, the question as it has been phrased.

Senator COATS. I am sorry, Dr. Elders. I didn't mean to interrupt you.

Dr. ELDERS. Well, I guess what I was really saying was these are really my mother-in-law's taxes. There is my husband, and he has

two sisters. Our agreement was that he would take care of what needed to be done with his parents. I was not involved in their financial affairs. His mother-in-law had funds that I know that we paid Ms. Ruffin.

So I was just not involved in their day-to-day affairs. Maybe I should have, but I wasn't. To me, the most important thing that I had to do was to provide the best possible health care that I could for my mother-in-law.

Senator COATS. Mr. Chairman, I should inquire how much time I have left on this round, because I have another series of questions that I don't want to start if I am going to run out of time halfway through.

The CHAIRMAN. One minute.

Senator COATS. Well, I can't make it through the series of questions, then. I'll wait for the second round. I'd be happy to do that.

The CHAIRMAN. If Senator Metzenbaum would just yield for a few moments so that I can address the Social Security matter. As I understand it, in 1985, Leona Elders executed power of attorney in favor of her son, Oliver Elders. Leona is your mother-in-law. Is that right?

Dr. ELDERS. Yes, sir, that's correct.

The CHAIRMAN. Now, your mother-in-law and your father-in-law came to live in your home.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. The parents of your husband.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. And they were the people who initially established a relationship with Audrey Ruffin; is that correct?

Dr. ELDERS. Yes, sir.

The CHAIRMAN. Due to their failing health, Mr. Elders and Leona Elders moved into your home with you and your husband. Now, in the summer of 1988, O.B. Elders, your father-in-law, hired Ms. Ruffin to care for his wife who was suffering from Alzheimer's disease.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. And O.B. Elders arranged to pay Ms. Ruffin without Social Security taxes, and shortly thereafter, O.B. Elders died; is that right?

Dr. ELDERS. That is correct, sir.

The CHAIRMAN. Then, from 1988 to 1993, your husband continued to employ Audrey Ruffin under the same conditions as his father had employed her, and Audrey Ruffin was paid from Leona Elders' funds.

Dr. ELDERS. That's correct, sir.

The CHAIRMAN. So the funds that you are talking about were actually the funds of your mother-in-law—

Dr. ELDERS. That's correct.

The CHAIRMAN. —that your husband had access to, and he used those funds to pay for this attendant.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. And when you signed checks, you signed checks for that amount of money—even though it is a joint account—that amount of money that belonged to your mother-in-law; is that right?

Dr. ELDERS. Yes, sir.

The CHAIRMAN. And recently, your husband Oliver acknowledged that he was obligated to withhold the Social Security.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. These were your husband's parents.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. You love them as family, but they are your husband's parents. Now, I love my wife's parents, too, I just want to make that clear; I don't know whether they are out there watching—[Laughter.]

Oliver Elders now acknowledges that he was obligated to withhold the Social Security tax, and he has paid approximately \$15,000 in back taxes to the IRS.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. OK. You never took any kind of deduction in your taxes to the best of your knowledge.

Dr. ELDERS. No, sir.

The CHAIRMAN. Not even to the best of your knowledge—you didn't take any.

Dr. ELDERS. No, sir. Her taxes were filed as Leona Elders every year.

The CHAIRMAN. But you never took any.

Dr. ELDERS. No, sir.

Senator COATS. Well, did you and your husband file a joint return?

Dr. ELDERS. Yes, sir.

Senator COATS. Did that tax return reflect any deductions that were taken?

Dr. ELDERS. Not for Leona Elders.

Senator COATS. There were no deductions taken for Leona Elders on the joint return filed by you and your husband.

Dr. ELDERS. For us, no, sir.

The CHAIRMAN. Well, I thank you. We have other questions, but I'll come back to them.

I yield the remaining time, Senator Metzenbaum.

Senator METZENBAUM. Dr. Elders, I'm not sure what we are here about, whether we are here about whether you ought to be Surgeon General, or whether your husband should have paid Social Security taxes, but I understand the questions, and I respect my colleagues' inquiry along that line.

I must say for myself that I think there has been more to-do about this whole question of the Social Security taxes than maybe has been warranted, and I really want to be sure you are a law-abiding citizen, which I am confident everybody agrees you are. Senator Hatfield speaks up for you, Senator Boren speaks up for you, Representative Lambert speaks up for you and knows you well.

And I think that we can sometimes get diverted. I am a little bit concerned that nobody cares too much about taxes and the banking situation, which I have looked into, and I am satisfied; you have a very clean record, and there is no problem about it. You got a letter from some governmental authorities, but you were just a member of the board of directors. There is no question that you borrowed money from the bank, that you paid back the money to

the bank, that you didn't get any special interest rate. I have looked into all of those questions, because if there were something basically wrong with your integrity, I would have difficulty voting for you. I am satisfied that you have the utmost in integrity. Either you have integrity, or you do not, and I have satisfied that you have integrity.

Dr. ELDERS. Thank you, Senator.

Senator METZENBAUM. So then the next question is, are you capable of being Surgeon General of the United States. Now, to hear some of the people who have spoken out for you and to read about your record, I have never had the privilege of meeting you before, but I have the feeling that if I didn't vote for you, I might feel the same way I felt about Dr. C. Everett Koop. I did not vote for him, and I made a mistake. And I don't intend to make that mistake now, and I hope this committee and this Senate does not make that mistake.

You are an unbelievably capable, aggressive, aggressive woman, and I think that's what we need in fighting some of the problems in this country. The whole problem of children and HIV/AIDS is not going to take a passive attitude; it is not going to be the kind of subject that it going to solve itself. The problem of teenage pregnancy is incredible. And whether you made great progress or you did not make great progress, everybody has to stand up and salute you for having made the effort. There are some things that you can't do that much.

Then, I read some articles in the paper about the availability of condoms and the fact that some of the condoms were defective, and whether you should have gone public or should not have. I don't know. Maybe you should have. I am not sure. But I am interested in the health of the people of this country, and for myself, I am satisfied that you are a breath of fresh air. You are going to go in and do that job; you are going to get confirmed, and you are going to get confirmed by an overwhelming vote, and I think you are going to do a fantastic job for the health care needs of this country.

Some right wing groups are going to be unhappy because you are aggressive in speaking out about some of these issues having to do with sex, having to do with venereal disease, and having to do with certain other issues of that kind. But that is their problem. I think that you are going to do a fantastic job, and I am just so pleased that I have had the privilege of meeting you here today. I never had that privilege before, and I wish you well.

Dr. ELDERS. Thank you, Senator. I'll do the very best that Joycelyn Elders knows how.

Senator METZENBAUM. Thank you. Good luck.

The CHAIRMAN. Thank you, Senator Metzenbaum.

Senator Dodd.

Senator DODD. Thank you, Mr. Chairman. I would ask unanimous consent that my formal remarks be included in the record.

The CHAIRMAN. Without objection, so ordered.

[The prepared statement of Senator Dodd follows:]

PREPARED STATEMENT OF SENATOR DODD

Mr. Chairman, I speak today in strong support of President Clinton's nominee for U.S. Surgeon General, Dr. Joycelyn Elders. De-

spite her numerous qualifications and the many endorsements she has received, I fear her confirmation will be contentious. I hope that we can focus on her accomplishments and the promise that she offers the country, and not tear apart a nominee with a strong commitment to public service.

Dr. Elders has proven throughout her career as a pediatrician and public servant that she will be a strong champion for the public health of the Nation—particularly for the well being of children. Dr. Elders and I share this focus. It is because of the promise that she offers to the Nation's children that I went to the floor last week to speak on her behalf.

It is clear to anyone that looks at the many educational and professional accomplishments on her resume that she is highly qualified for the job. But her distinguished resume is only part of the story. Dr. Elders is well-known not just for her resume but for her actions—most important, her willingness to take on difficult problems.

I had the pleasure of meeting Dr. Elders recently. We discussed the problems and obstacles faced by our Nation's youth. We talked about a problem of particular concern to me—youth violence. Dr. Elders understands the relationship between the high rate of violence and other social problems.

She knows that health problems and other social ills are linked. She knows that to improve health we must also address the related problems of drugs, alcoholism, homicide, suicide, accidents, AIDS, and teen pregnancy.

For almost 6 years, she served as director of health for the State of Arkansas and became known for her ability to draw attention to the health needs in her State and the special needs of youth. Arkansas organizations that take a special interest in these matters—such as the PTA and the medical society—are quick to point out her leadership. She oversaw major public health improvements in Arkansas, including improved childhood immunization rates, childhood screening, and prenatal care programs.

Mr. Chairman, our country faces many public health problems—an appallingly high infant mortality rate, an AIDS epidemic, low rates of immunization, and teen pregnancy—to mention a few. We need a surgeon general who is willing to tackle difficult issues and bring them the attention they deserve, as was the case with Dr. C. Everett Koop.

In my own State of Connecticut, more girls in Hartford have babies than graduate from high school in a year. I read in the Hartford Courant this week that in the city of New Haven, CT, $\frac{2}{3}$ of 10th graders, $\frac{1}{2}$ of 8th graders, and more than $\frac{1}{4}$ of 6th graders reported in a recent survey that they have had sex.

We cannot ignore these realities and we certainly cannot accept and address them only after the fact. Dr. Elders has expressed her commitment to change these sorts of statistics so that our young people can finish school, take control of their lives, and hopefully break the cycle of poverty.

Dr. Elders' opponents claim she is a radical with dangerous ideas. They say that she will tarnish the innocence of children. They say all this, even though Joycelyn Elders' actions have advanced the health and well being of children.

Dr. Elders ideas and goals are ones that I believe most of us would agree with. She wants to keep children healthy by educating them to avoid harmful behavior. She also wants to provide them with access to primary and preventive care. Dr. Elders saw that children weren't using the Arkansas' public health clinics, so she established clinics in the schools. The clinics reach children who otherwise would not have access to health care. This is not radical or dangerous. It is common sense.

Dr. Elders has said that she supports age appropriate comprehensive health education. Unfortunately, this sensitivity to age does not apply to the soap operas and other television shows that children can view by simply turning on the television at 3 in the afternoon. Dr. Elders recognizes that children get messages about sexuality from many sources whether we like it or not. She pushes to educate at younger ages to make youth more responsible and healthier, not to tarnish their innocence.

Opponents of Dr. Elders' nomination will try to make her out to be an extremist. I believe, and hope that my colleagues agree, that Dr. Elders' willingness to speak out on difficult issues and not bow to political pressure does not make her extreme. It distinguishes her as a leader.

The most respected institutions have recognized and honored her leadership. As of July 9, close to 100 private, private nonprofit, and public organizations had endorsed her nomination, including the American Medical Association. Both the current and a former commissioner of health of my own State of Connecticut have written to me in support of Dr. Elders. They know and have worked with her and they know the health problems that face Connecticut. They believe that the State and the country needs Joycelyn Elders.

And what do the people of Arkansas have to say? She has received the strongest endorsements from groups in Arkansas. The Arkansas Chapter of the Society for Public Health Education, the Arkansas Hospital Association, the Arkansas Medical Society, the Arkansas PTA, and the Arkansas Public Health Association all have endorsed Dr. Elders.

I look forward to hearing from Dr. Elders this morning and hope that this committee will focus on the promise that she offers to the Nation, particularly for our youth. I strongly support her nomination.

Senator DODD. Dr. Elders, welcome once again to the committee.

I would just point out, Mr. Chairman, and to my colleagues here, that I had never met you until you came by the office. I am pleased that you took the time to visit.

I always think it's a pretty good test to go back to one's neighbors, coworkers, friends, or other people who may have known you. Not that it is necessarily an absolute test, but it is a pretty good one, generally speaking. I am always a little cautious about endorsing people who haven't been endorsed by people that they have worked with in the past and who know them. And for those who may not know you well and who are only becoming familiar with your views in this setting, I think it is very important to note for the record that over 100 organizations have endorsed your candidacy, including such radical groups as the Parent-Teacher Association of Arkansas and the Arkansas Medical Society. My commis-

sioner of health and a former commissioner in the State of Connecticut who know you, strongly endorse your candidacy. Other health organizations in your State have voiced their support—the list goes on and on.

I think that this is very worthwhile information when trying to make judgments based on your almost 6 years of work at the Department of Health and on your previous academic and professional involvement.

I suspect that every one of these organizations that have endorsed you did not agree with everything you did or every word you have spoken; I have read a few of the things you have said, and I have a little difficulty with the way you have articulated some views, but that is not the issue here. For those who may be trying to make a judgement call as to whether or not you are competent or qualified, I think what is important is whether or not you have demonstrated the kind of leadership, involvement, and forthrightness that is critical in this job.

I took the floor a week or so ago on your behalf after I had met you and talked to you. I decided early on that I wanted to express my strong views. And I said at that time that we don't like to admit mistakes up here; Senators are really dreadful at admitting that we have cast votes that we would like to have back. There have been a few in my 12 years that I would like to have back, and one of them is my vote on Dr. C. Everett Koop. I voted against him, and I regret it, because he turned out to be one fine Surgeon General.

And one of the reasons I got to like him so much—not that I agreed with him on everything—is that I liked his forthrightness; I liked the fact that he didn't mince words, and he laid out issues before this committee and the Congress and the American public that we had to come to terms with. He turned out to be a terrific leader on these issues. Not that you are going to necessarily follow a similar path on views, but you share the same forthrightness that I think is critical.

Of course, we are told that you are a radical and dangerous individual. I look and I see that you care about such issues as teenage pregnancy and substance abuse. In a sense, those are radical ideas, in the true sense of the word, "radical." We have been ducking these issues for a long time, and maybe we need to come to terms with them and should have a long time ago. The fact that you have brought them up in the State of Arkansas, I think is extremely worthwhile.

So I welcome your nomination. I think the President made a terrific choice. I am glad you accepted the challenge. I am sorry you have had to go through some of this, but that is what people have to do. It is worth it, in my view, in the end, because I think the American people are going to come to know you and respect you. I think your statement this morning was tremendous, and I am confident you'll do an excellent job.

I made the offer earlier to the chairman to yield my time because, and I do want to get back into the other lines of questioning. So I'll yield my time to you to complete that cycle, if that is what you'd care to do, Mr. Chairman.

The CHAIRMAN. I would like to do that if it is agreeable.

Senator DODD. I'll do that and reserve specific questions.

The CHAIRMAN. There are still a couple of areas; let me go through one additional area and then yield to Senator Simon, if that is all right.

Finally, on the Social Security issue, your husband had a power of attorney for his mother's funds; is that correct?

Dr. ELDERS. That's correct, sir.

The CHAIRMAN. He was designated with the power of attorney, officially.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. Now, on the issue of the alleged double-dip salary, my understanding is that it is common for Federal nominees like yourself to work as consultants before they are actually confirmed. In spite of this, you have been accused of some double-dipping.

Hasn't the ethics officer for the Department of Health and Human Services—who, incidentally, served as an ethics official in the Reagan and Bush administrations—already made an authoritative judgment on this question?

Dr. ELDERS. Yes, sir.

The CHAIRMAN. Could you share that judgment with us, Dr. Elders? I'll put in the record at this time the letter that was sent to me as part of the record, but I'll give you an opportunity to respond to that question.

[The letter referred to may be found in the appendix.]

Dr. ELDERS. Senator, in regard to what he said, it was my impression that he said that what I was doing, there was nothing, no rule or anything against it. But if I can just tell you what happened, you had vacation days, and we have a rule in Arkansas—and I had asked for leave of absence and had been granted leave of absence without pay—but you can't take leave of absence without pay until you have used up all of your vacation days.

So I was using earned vacation days. It was in no way—I did not see that as double-dipping. If I had left immediately, if I had come here in January or something of that sort, I would have received a lump sum payment for 60 days. And we reviewed all of the records from Arkansas, and there is no rule against what I have done.

The CHAIRMAN. I'll just put in the record the letter from Jack Kress who, as I said, also performed as special counsel under the previous administrations. I'll put the full letter in the record, and I'll read certain parts.

"I therefore have a close working familiarity with the practices of two Cabinet departments with respect to incoming Presidential appointees in the Reagan, Bush and Clinton administrations."

"It is to my knowledge common practice throughout the executive branch for incoming Presidential appointees to retain their former positions until such time as they are confirmed by the Senate."

"Prior to confirmation, such nominees may, however, legally join the department in an intermittent consulting capacity. Moreover, from the perspective of Federal law, there is no impediment to the receipt of payments by an intermittent consultant from that person's current non-Federal employer, for as long as that person remains a special Government employee."

And then it continues, "M. Joycelyn Elders, M.D., began service as a consultant to HHS on April 18, 1993, on approximately a 2-day-a-week basis until July 6, when she began working for HHS on approximately a 5-day-a-week basis. As of this date, she has been employed for approximately 30 workdays."

There is a legal limit of 130 days.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. And this indicates that it was 30 days—2 days in the beginning and then, as I understand, as these hearings were announced, it became more intense.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. The historic background is that when people are designated in the confirmation process, people sometimes leave their jobs, and they are in somewhat of a hiatus during the confirmation period and prior to the time the Senate is going to act. And a lot of people can't afford to just be out there. And it has been a time-honored precedent to permit a consultant fee during that period of time. That has been done with the other departments and done through other administrations, even in spite of the fact that you have resigned, and even though you could have been legally absent because of vacation days in that particular position.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. Well, I just want to tell you we are going through probably one of the slowest processes—I am not trying to lay the blame on that. I think there is generally enough blame to go around. But it is the slowest process that we have seen. I am very hopeful that we will be able to move you through the process, but there are those who would like to delay it even further. I hope that won't happen, but I would think it would be extremely difficult for anyone to be able to meet their own family responsibilities through an extended process without pay.

Senator KASSEBAUM. Mr. Chairman, if you would just yield a moment, I would just like to note for the record that Dr. Elders' papers did not come to the Senate until July 1st, and then we were in a week's recess.

The CHAIRMAN. That's fine. She was on a 2-day-a-week until July 6, so it was after the papers had actually been sent up that she became closer to full time. That's fine. Thank you.

Senator Simon.

Senator SIMON. Thank you, Mr. Chairman.

We thank you, Dr. Elders.

Let me enter into the record the letter from the American Medical Association, which is anything but a perfunctory letter of endorsement. It talks about your exceptional leadership, and it is a very strong letter of endorsement.

The CHAIRMAN. Without objection.

[The letter referred to may be found in the appendix.]

Senator SIMON. Incidentally, one of the other things I like, and I hope you will forgive me—I heard Senator Metzenbaum whisper to Senator Dodd here a few minutes ago: "I think she'll really shake things up." And I think you will. That is what we need, someone who is willing to go out and do the courageous thing.

Another thing I like is that you have been working on the prevention side. And you mentioned the school with a 57 percent teen-

age pregnancy rate. One of the criticisms Senator Metzenbaum mentioned was that at one time, some of the clinics where condoms were distributed, they were defective.

Dr. ELDERS. Yes, sir.

Senator SIMON. How do you respond to that particular criticism?

Dr. ELDERS. Senator, what happened was that we had approximately 10 instances from four clinics in our health department that reported that they had had some breakage. It was 10 different condoms from four different clinics. So we pulled a batch of condoms, and we called the FDA, and we reported it. So the FDA came in and picked up the condoms and did preliminary testing, or the testing that they do, and found that the condoms were defective, that 95 percent of them—I think what is allowed is four breaks per 1,000, and what they were finding was five breaks per 100, which meant that that was a very high breakage rate. So the FDA pulled the condoms, notified the company, and was going to do a seize order. The company voluntarily agreed to pick up their own condoms, and they were sending us a different strength or a different kind of condom. So it was looked into, and we were concerned about the second batch of condoms. Again, the FDA looked into it, and then I think we went to buying condoms from a different company.

So I think the talk now is, well, why didn't we, I guess, notify the world. And our feeling was that we had reported it to the FDA, and the FDA was doing the things that they usually do in this regard, and the agreement was that there had been more breakages, we were having real trouble with getting our people all over to use condoms, and we felt that many of our young men felt that, well, they'll break, so they are no good—and rather than having a great, big fervor about it, I think the decision was made at the staff level that what we would do is just let the FDA handle it in the way they usually handle it, and not go out and make a public announcement. And I think that is probably what—and they discussed it with me later, and I concurred in that. I felt that as a public health official, I was thinking of what was the greatest good, I guess. And sometimes we really have to make tough decisions. And you might say, well, I made the wrong decision. I don't know. But it was the Department of Health that reported to the FDA, and it was their response back, and I think we all agree on it. The Department of Health in Arkansas could not keep the FDA from making a report, but they worked with the company, and we felt that it was worked out.

Senator SIMON. I thank you.

In connection with teenage pregnancies, you also mentioned that poor children are three times more likely to have pregnancies. My hope is that while the area of poverty is not your primary responsibility, I hope you will continue to get that message out, because as more and more of our children are poor, we in fact are compounding all of the problems in our society.

Dr. ELDERS. Senator, that is exactly correct, and if they are poor and not doing well in school—if they are poor, they are far more likely to be at the bottom of the class and not doing well in school; I think we all know that—but if they are poor and not doing well in school, they are nine times more likely to be a teen parent.

Senator DODD. Would my colleague yield just on that one point?

Senator SIMON. I will be pleased to yield.

Senator DODD. Yesterday, we asked for a General Accounting Office study done on that, and while the population of 3- and 4-year old children since 1980 increased by 16 percent, the number of poor children of that age in this country in the same period increased by 28 percent. The numbers are running in all the wrong directions.

I apologize for interrupting.

Senator SIMON. No; you simply reinforce that.

Two of your predecessors, Dr. Elders, have issued warning about television violence.

Dr. ELDERS. Yes, sir.

Senator SIMON. They did that after the National Institute of Mental Health had studies on two occasions saying violence on television is adding to violence in our society.

My hope is that you will continue to follow this area, where I think we are starting to make a little bit of progress, but frankly, we need all the help and attention we can give it.

Dr. ELDERS. Senator, you know I feel very strongly about this area and about the area of violence. One of the things that bothers me so greatly is that it is so much higher in young black men—the guns, the death. In fact, it is several-fold higher in young black men. And when I think of the fact that only one out of five of our young black men will ever grow up and earn enough money to raise a family; two out of five will be lost to drugs and alcohol; one out of the five will be killed through violence, black-on-black crime; and one out of the five will be in prison—we have more young black men in prison, Senator, than we have in college—to me, that is a real tragedy.

Senator SIMON. No question. And it is a preventable tragedy.

Dr. ELDERS. A preventable tragedy.

Senator SIMON. That is the real key, and we have to save our—

Dr. ELDERS. So you have my commitment that I will certainly be working, trying to reduce violence.

Senator SIMON. In that connection, you also mentioned weapons. And again, that is usually not considered part of the jurisdiction of the Surgeon General. But I hope you are willing to shake things up here also, and tell us if you agree that something ought to be done about the proliferation of weapons in our society.

Dr. ELDERS. Yes, sir.

Senator SIMON. Do you have an opinion on that?

Dr. ELDERS. I agree with what you have said. We have got to find a way to be able to begin to deal with guns, knives. I was in Kansas City, and they asked the students, "If you were given \$1 million, what you would you buy for your school if you could buy anything you wanted?" And it was so sad to me when they said that they would buy a metal detector so they could feel safe in their schools.

Senator SIMON. That is a real comment on where we are.

You mentioned drugs. We now spend about three-quarters of our drug enforcement money at the Federal level on the police side. We spend one-fourth on education and treatment. And if you were to add incarceration, that probably goes up to 98 percent.

We have been trying to solve the drug problem by putting people into prison. In 1980, we had 134 people per 100,000 in our prisons. Today, we have 455 per 100,000—far more than any other country. South Africa is second with 311.

Dr. ELDERS. That's correct.

Senator SIMON. Canada has 109.

Dr. ELDERS. That's correct.

Senator SIMON. Obviously, a major public health problem is the problem of addiction, not simply to drugs, but also to alcohol. What are your observations? Do we need to get a better balance in what we are doing in this area of reducing drug addiction?

Dr. ELDERS. Senator, I certainly very strongly feel that we have got to look at a different way. And of course, I have always felt that we have drug education, AIDS education, but they are all separate programs, with different funding strains, with different people going in to talk about it as if they were all separate and different—drugs, AIDS, sexuality, and so on. But many times, they are part and parcel of the same problem rather than multiple problems.

I feel that we have got to start early, Senator, educating our children. Maybe yours are doing fine or don't need the education, but there are many children born into single-family households who do not have the opportunity to have the whole comprehensive health education programs that they need in order to make a difference.

I feel that we need to look, and I think we are beginning to look, at how can we consolidated all of these programs to really make them a part of our school system so that we can have a comprehensive program to start early and make a difference in the lives of children, so that they can make a decision. That is not to say I am leaving out the older ones, but I feel if we don't begin to address some of the problems early and make it continuous, we are just going to continue to add more and more people onto the fire.

So I very strongly support looking at the programs as a comprehensive one rather than a single entity, including violence and all the things we talk about; we have got to teach our children how to deal with violence with means other than weapons.

Senator SIMON. My time is about up, but that means also not only the education, which you have just stressed in your answer, but having treatment available for people.

Dr. ELDERS. Absolutely.

Senator SIMON. In one State, people have to now wait 9 months to get treatment for drug addiction. That is just social dynamite.

Dr. ELDERS. That's right. I was very pleased—you were talking about working with groups—I was very pleased with a judge down in Arkansas who had looked at alternate methods of handling problems, rather than, when they do something, you put them in jail. What this judge did was he got the health department, the vocational education department, and using the police system, all of these were organized together, and for these young people, he committed them—if they didn't have an education, they had to get their G.E.D.; if they were having drug problems, they had to come in every day to work on that problem and to really learn parenting—or whatever their problems were. And it did not cost us any more money. He just pulled us all together, all the resources that were there, available in his county, to begin to address the

needs of the people that he had, which were costing him a fortune in jail.

Senator SIMON. Dr. Elders, I think the Nation is fortunate to have you in that chair right now.

Dr. ELDERS. Thank you, Senator.

Senator SIMON. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. Senator Durenberger.

Senator DURENBERGER. Mr. Chairman, thank you.

Let me begin first by thanking the chair and especially the ranking member for the way this morning was handled. I think it was obviously a difficult situation for everyone here, including you as the nominee, and I appreciate the way both of them handled it.

I would also like—you may not agree with all this—but I want to compliment my friend from Indiana. I have gotten to know him pretty well, and I hope you do, too, over time. You are not going to find anyone, even on this committee, as committed as he is to children to families and the things that you are committed to, and I do hope that you will take the time to get to know him as well as some of the rest of us do.

I certainly welcome you to this town. I don't know how long you are going to enjoy it. It doesn't get much better than this right now. [Laughter.]

Dr. ELDERS. Please. [Laughter.]

Senator DURENBERGER. But I want to remind everybody of what you already know, that Dr. Elders spent most of her life in Arkansas, but she spent a whole year in Minnesota, and they haven't forgotten her. Her professor at the University of Minnesota, where she was a pediatric intern, is a fellow by the name of Bill Krivit, and we called Bill to find out how he would characterize Dr. Elders, and he said you are "the most forthright, forthcoming, and helpful resident" that he has had for many years. The word "forthright" is particularly important in that it is a personality trait that you have obviously had all your life, and it is reflected in so many things. "Plainspeaking" might be another way to put it. Plainspeaking is what seems to get too many people in trouble these days, and that is perhaps one of the reasons that, at least from my constituency so far, I had received as of the end of last week 2,600-some telephone calls; 2,100 thought you were too plainspeaking, and 500 supported you.

But because of my affection for "Doc" Koop and because of the challenge that you are taking on, I have discovered if you look in history that the Surgeon General is a fairly controversial, plainspeaking, forthright kind of a position. I discovered that John Adams appointed the first prototype Surgeon General, a doctor from Philadelphia by the name of Benjamin Waterhouse, and he got into all kinds of trouble with traditional medicine, because he was doing things for kids like you are talking about doing now.

Tom Jefferson could tolerate him, even though he was a pain to the predecessor of the American Medical Association, but the President who came after Tom Jefferson couldn't take the heat and fired him.

There is a whole history of Surgeons General. Dr. Thomas Parrin in the thirties was FDR's Surgeon General, and he sought to edu-

cate the American public about syphilis and gonorrhea and how they are transmitted—and all that stuff we weren't supposed to talk about in his day.

Dr. Leonard Sheel made the crucial decisions about the polio vaccine. Dr. Luther Terry launched the history-making study on the connection between smoking and health—terribly controversial. And obviously, one of our most forthright Surgeons General is, I guess, our friend Dr. Koop. And as my friend from Kansas mentioned this morning, you think you've got it bad; this guy was asked to come onboard in January 1981, and he didn't get sworn in until January of 1982 out at Fort McNair. And if you just want to read about 20 pages of this book, you'll find out why.

Dr. ELDERS. He sent me his book.

Senator DURENBERGER. And I don't want to take this out on you, but my friends in the American Public Health Association and my friends in the American Medical Association and our friends in all of these associations went after him. They called him incompetent. That was the big charge against him, that he was incompetent to handle his job. They didn't have the guts to say he didn't like what he said when he was being plainspeaking and forthright, so they called him incompetent. And one of these associations said, "The only reason we are here testifying in front of the Labor Committee is because the man is incompetent."

Well, within a couple years, they were giving him awards for his forthrightness and for his plainspeaking.

So clearly, one of the difficulties we have in American today is sorting out our heroes ahead of time. And that is really the challenge that we continually get presented with here. You are obviously a hero to a lot of people who are here. On the other hand, there are many people here who don't know you as well as I would like you to get to know, like Dan Coats, who have a very, very different opinion. And then there are some people who are sort of in between, because that's a place where a lot of us have to be, because we are responsible for making the policy, and you are responsible for implementing it; but you are also responsible for calling our attention to the things that we are not paying attention to. That seems to be the history of the office of the Surgeon General. But this is a difficult time in which to do it.

I once had an experience with Dr. Koop that just told me so much about him. And I am taking the time to do this—

Dr. ELDERS. I appreciate that.

Senator DURENBERGER. —because I am just guessing how you might feel under the present circumstances with all of this publicity, and people down in Arkansas going through every, single little record, and all that sort of thing. But this guy had it for a whole year. They dragged him over to the House of Representatives, and Henry Waxman was going to hang him up there because the public health folks said, "We don't want this guy around here."

But I'll tell you a little story that happened that I was involved in with Dr. Koop a couple of my colleagues, right in the beginning of the AIDS problem—and again, this is the man who did a lot to call it to our attention.

We got into a discussion with a little group, and they were giving him a hard time for talking about condoms, and sex education in

the schools, and things like that. We argued this issue for about an hour and a half, and finally he said, "Look, we've got 100,000 priests and ministers in this country, but we've got only one Surgeon General, and at some point in time I have got to do what I believe is the right thing to do." He does not change his view on some of the behavior in this country. I walked out of a meeting with 300 AIDS activists with him once, in which he said, "My job is to give them some hope without condoning some of their behavior that created that problem." Boy, what a tough job. What a tough assignment.

Now, I have to believe that Bill Clinton knows you better than any of the rest of us and that President Clinton has seen you in action. And it is hard for us to prove by the record in Arkansas or whatever it is, because we don't know Arkansas the way you do. So when it gets right down to it, we have to believe that he knows you well enough to know that you are able to do the kinds of things that have to be done—not just because you want them done or something like that, but because they need to be done for this country.

I really do want to appeal to you, though, because the same issue that hung him up for a year is still hanging us up, and because you are a physician by profession, I want to give one little liner from Hippocrates 2,000 years ago: "Healing is a matter of time, but it is sometimes also a matter of opportunity."

We don't have a lot of time from what I can tell in this country. You pointed that out with everything you said about what you see in kids and what you see and don't see in families and the impact of that. I don't think we've got a lot of time in this country, and we need a lot of healing.

This morning, I think you added to your printed comments. You were talking about drugs and alcohol, social problems, that these are really psychosocial problems, I think, in our communities—drugs, alcohol, violence, homicide, suicide, AIDS, teenage pregnancy—and then you added, "while we argue over whose values to teach." I'd like you to explain that a little bit, because my sense is that we do have to search for some values, and we have to try to find the values that we all have in common rather than the manifestations of those that seem to drive us apart all the time. But by the same token—and you and I have discussed this—we spend far too much time arguing about programs and programmatic solutions and categorizing people so we can put them in a program, and authorize it and appropriate some money, and we are hanging them up with regulations out there. And we have talked about co-location of schools, clinics, and you talk about getting us back to community. Maybe you can tell us how we can get back to community. This place right here thinks it has an answer to every community problem, but this is not a community. This is not Hope or whatever little town you may have come from, or Lake Wobegon, where I come from. The best we can do is enact one policy that applies to 39,000 different jurisdictions, and that doesn't get down to the heart of these problems. So would you explain what you meant by "while we all debate values," and what do you think about how do we get at these community problems, and isn't it maybe someplace other than right here in this room?

Dr. ELDERS. Yes. Well, Senator, obviously, if I had—well, even if I had the magic answer, probably you'd have to be able to sell that answer, even if it were right, to everybody out there. But I have seen a real change in this country over the past 5 years, and I have been to Minnesota, and I have been to Indiana, and I really feel that now people are reaching out and beginning to think that we can't keep trying to fix problems; we have got to reach out and prevent problems. And whereas many people say, "I don't want that teacher teaching my child; I want to teach him myself," I think that may be fine for all the people sitting in this room, but we know that there are a lot of people who are not sitting in this room, who need schools to help them. We all want our children to do well. Many people have told me, "Dr. Elders, let the church do it." My brother, who is here, is a minister, but we know that 52 percent of the children in America are unchurched; they don't go to anybody's church. We know the children who go to church and who have values really do well. But that's not true for all children, and we have got to find a way to reach all children. And schools are the only institution I know where all the children go. I feel that if we are going to make education and primary preventive health services equitable, Senator, the best place we've got is schools. They are available, they are accessible to the children, they are affordable—they are far cheaper than anything else—and they are age-appropriate.

Certainly, in Arkansas, we can start arguing about the condom issue and the abortion issue and everything else, rather than arguing about how can we provide primary preventive health services for all of our children; how can we educate them. And I feel the only way we can do that is through schools. You know, having people pop in on Thursday once a year to talk about drugs, Senator, I don't feel will answer the problems. We have got to have it as a part of the curriculum, and it has got to be taught every day, reinforced by what the teachers do, what they say, and it has got to be reinforced in our churches, it has got to be reinforced by all the people in our community. It has got to be a community commitment for us to save our Nation. And Senator, from the things that we have done in Arkansas, and I have seen from community commitment—I saw the NBC affiliate give every PSA they had to teen pregnancy in Arkansas. They won an Oscar or an Emmy, and they were running around all over the country, picking up their awards for what they had done. They did a wonderful job of making people in Arkansas aware of the problems. So I think once we make our people aware of the problems, Senator, they will do it. Thank you.

Senator DURENBERGER. Thanks. I just got handed my note. I really appreciate your response, and I appreciate your willingness to share what is inside of you, not just up here, as we've gotten together.

And I must, in my concluding minute or whatever it is, just urge on you, then, that your plainspeaking and your forthrightness be inside this administration and across the board as well as outside of it.

And I agree with you about schools, but at the rate we are going in school reform, we aren't going anywhere; we aren't going to make it—unless communities can take back those schools in some

way and make every one of them respond to the needs of that particular community. And school choice, and whatever else we may call it, and outcome-based education—things that some of us really believe in—but there are too many institutional barriers that keep getting in the way of people making choice and giving people opportunities to do things differently.

The same thing is true with a really successful program like the MCH block grant program.

Dr. ELDERS. Yes, sir; a very successful program.

Senator DURENBERGER. We have got to get more funding. I mean, we are funding in the same condition we are with Pell Grants on MCH, and it is one of the things that works so well. And I have appealed to you, and I will just repeat that appeal, to ask the President, who has been a Governor for the last 12 years, to consider the possibility of having us federalize the approach to access to medical services and let us in America take back our communities and take back that responsibility away from all of the programs that come out of this wonderful committee—let's take it back and start bringing the churches together, let's bring the people together, let's bring the volunteers together in the national service and the community service and all the rest, and get off our sort of categorical, programmatic horse, and let's get down and deal with those problems the way they need to be dealt with.

Thank you.

Dr. ELDERS. Thank you, Senator.

The CHAIRMAN. We are going to have Senator Mikulski, Senator Wofford, and then take a break, if that's agreeable.

Senator MIKULSKI. Senator Kennedy, Senator Wofford has apprised me that he has to catch a plane to Pittsburgh. As you know, I only have to hop in a car to drive to Baltimore. So I'd be happy to yield to Senator Wofford and then follow after him.

The CHAIRMAN. Fine.

Senator WOFFORD. Just for less than 5-minutes, Mr. Chairman.

The CHAIRMAN. Fine. Take your time.

Senator WOFFORD. It is good to see you again, Dr. Elders.

Dr. ELDERS. Thank you, Senator.

Senator WOFFORD. I appreciated everything you said before with me, and today—and Senator Durenberger, thank you for arming me well for my days in Pennsylvania with the words about Ben Waterhouse, appointed by Thomas Jefferson, who was controversial, too. I don't agree with all of Dr. Elders' statements in the past, nor with very few other people's statements, and not necessarily always with all of my own statements of the past. [Laughter.] But I find that to be the case almost always with people who are straight-talking and independent-minded.

And as an advocate of health care reform night and day, I most of all want a Surgeon General who will forcefully and passionately carry the message of good health to the Nation. And from what we have seen and heard from you and what you have done in your life, I am sure you are going to be that kind of an Surgeon General.

I especially welcomed your commitment to prevention, your statements that if confirmed, you will make your utmost goal the education of our people, all of our people, on how to stay healthy. As you recognized this morning, it is not enough to just reform the

health care system; we will never have a large enough budget to address all the health care needs of our citizens if we do not start thinking prevention and taking personal responsibility for our lives—bravo.

I also appreciated your thoughts related to our national service debate before the Senate, that young people need to be engaged in other activities that lift their sights and give them adventure and give them a chance to be productive and contribute.

So from everything I have heard today, I am encouraged you are going to give the kind of leadership we need.

I would like to put my full statement in the record and also put in the record the excellent long editorial in support of you by one of our State's most principled and conservative newspapers, the Greensburg Tribune Review, its editorial of July 21, 1993, asking the Senate to confirm you, which I will do, too, when it comes before the Senate.

Thank you.

[The prepared statement of Senator Wofford follows:]

PREPARED STATEMENT OF SENATOR WOFFORD

Dr. Elders comes before us well qualified to serve as Surgeon General. She is a pediatrician, a public health official and researcher and writer on issues concerning child growth and development who is recognized by her peers as one of our Nation's most effective public health officials. Her list of supporters for this nomination include medical and public health professionals and associations that include former Surgeon General C. Everett Koop, the American Medical Association, the National Medical Association, the American Nurses Association, and the American Academy of Pediatricians.

Dr. Elders has been criticized for some of the statements she has made and positions she has taken as the Director of Arkansas Health Department. I do not agree with all of Dr. Elders' positions or statements, but I find this often to be the case with people who are straight-talking and independent-minded. I particularly welcome Dr. Elders' commitment to prevention, and her statements this morning that if confirmed she will make her "utmost goal the education of our people, all our people, on how to stay healthy." As she recognized this morning; "it is not enough to just reform the health care system. We will never have a large enough budget to address all the health care needs of our citizens if we do not start thinking prevention and taking personal responsibility for our health."

As an advocate of health care reform I believe we need a Surgeon General who will forcefully and passionately carry the message of good health to the Nation. From what I have seen of Dr. Elders and what I know of her background and achievements, I believe she will be such a Surgeon General.

I would like to insert in the record an editorial in support of Dr. Elders' nomination that appeared in the July 21, 1993 issue of the Greensburg Tribune-Record, one of Pennsylvania's principled conservative newspapers.

[The editorial referred to may be found in the appendix.]

The CHAIRMAN. Thank you very much.

Senator WOFFORD. Thank you, Senator Mikulski.

The CHAIRMAN. Senator Mikulski.

Senator MIKULSKI. Mr. Chairman, I am an enthusiastic supporter of this nominee. My three criteria for support for a nomination are: competence in the field for which someone is nominated; second, a longstanding history of service to the community; and third, a vision for the future. I believe that Dr. Elders qualifies on all three of those criteria.

I would like to have consent to have my statement which I was going to give at the beginning of the hearing included in the record. I know that the chairman will give me unanimous consent, so we'll put that in. It is the only unanimous consent I get out of this hearing, Dr. Elders.

The CHAIRMAN. Without objection.

[The prepared statement of Senators Mikulski and Wellstone follows:]

PREPARED STATEMENT OF SENATOR MIKULSKI

Mr. President, I am very pleased to express my full support for the nomination of Dr. Joycelyn Elders to be Surgeon General of the United States. I cannot think of a more qualified choice to protect the health of the American public.

Mr. President, Dr. Elders has a long and distinguished record of achievement that makes her very qualified to become the top health official in the United States.

I am not sure how many people are aware that Dr. Elders' career in public health began as a commissioned officer in the U.S. Army.

She served her country for 4 years—staying 1 year beyond her original obligation.

During those 4 years, she worked as a physical therapist at Brooke Army Medical Center to try to make up for a shortage of physical therapists at that time.

Dr. Elder's military service not only gave her the opportunity to serve her country—it gave her an opportunity she otherwise wouldn't have had—to go to medical school. Like so many Americans at that time, she earned a GI bill. And that GI bill paid her way through medical school.

Now that's what this country is all about. You help America and America helps you. Dr. Elders helped veterans to get well and on with their lives. And as a veteran—I would say our Veteran of the Year—she went on to fight new wars against disease and poverty.

Dr. Elders had a vision of a future few women of her generation could imagine: to be a doctor.

She told me when we spoke last week that it was during her time in service to this country that going to medical school really became a dream for her. And how lucky we are. Because it was in medical school where she began to focus on what has become her great compassion and life's work—to improve the health of this Nation's children.

That's why she became a pediatrician.

Dr. Elders is a special kind of pediatrician. She is a pediatrician with perspective. While she treated one child at a time in her doctor's office, she was developing a plan to help all children, especially poor and minority children be healthy.

She has shown that in her 20 year clinical practice career during which she became one of the foremost experts on juvenile diabetes and growth problems.

Dr. Elders has demonstrated over and over again a unique capacity to combine new ideas for public health with an exceptional understanding of medicine.

But she doesn't stop with words and rhetoric. She turns these ideas into action. She reaches out to children and families and provides them medical and preventive services where they are—and where they are mostly likely to get them. And it is this that has caused the most controversy.

Dr. Elders has won the strong backing of the community for her efforts. She has built public health services from the ground up in Arkansas—through the State and county departments of health, the churches, the schools, organizations like the YMCAs, and even with business—Arkansas will be a model for our Nation. She is trusted because she knows what she is talking about.

Mr. President, many of my colleagues aren't aware that Dr. Elders is also an exceptional scholar. As a full professor of medicine during 11 years at the University of Arkansas Medical School she taught courses—practiced medicine—and published over 150 articles on important developments in pediatrics.

Her programs to end teen pregnancy; reduce infant mortality; improve the well-being of children and families are all based in science.

Her victories fighting disease are too plentiful to recount.

But it is no wonder that President Clinton chose Dr. Elders when he was Governor to head the Arkansas Department of Health. And it is no wonder that President Clinton has asked Dr. Elders to move to Washington to become this Nation's chief medical officer as the Surgeon General of the United States.

Dr. Elder's experience as a scholar, innovator, and veteran will serve well in her new role. Because Dr. Elders is a veteran of many wars.

She started her career in health in the U.S. Armed Forces. She spent countless years in the trenches fighting to improve the public health of Arkansas. And now she will be bringing with her all that experience and wisdom to serve our country once again.

Mr. President, I believe Dr. Elders has the proven ability to get people to pull together to improve public health. I can think of no more qualified candidate.

I urge my colleagues to give their support to this remarkable nominee for Surgeon General.

Thank you.

PREPARED STATEMENT OF SENATOR WELLSTONE

Mr. Chairman, I am proud to speak in support of Dr. Joycelyn Elders for Surgeon General of the United States. Dr. Elders is just what this Nation needs: a remarkable woman who has stared down daunting odds, to make health services better for people.

Her decision to spend part of her pediatric internship at the University of Minnesota Hospital is only one example of her excellent judgement. What impressed me so vividly, during our meeting a few weeks ago, was her absolute commitment to working with com-

munities to develop health care programs that work. We discussed the issue of domestic violence, an issue on which my wife, Sheila, has done tremendous work. It is an issue that is still hard to talk about and confront. It's, not a popular issue, one that brings people to their feet in applause. It's one of those hidden epidemics, that afflicts people who are often too powerless to defend themselves, let alone to strike back. But Dr. Elders understood the importance of confronting the issue of domestic violence, and supporting efforts for change.

Similarly, she made me aware of a North Carolina study showing that an overwhelming majority of that State's population support school-based health centers for adolescents. There are always some who will attack the kinds of school-based clinics that Dr. Elders has championed. But Dr. Elders has always shown that she understands her responsibility, as a powerful speaker, as a responsible public official, to combat stereotypes if that's what it takes to protect our kids from sexually transmitted diseases, to reduce teenage pregnancy, to get poor kids immunized. Arkansas is a poor State, Mr. Chairman. No one could expect miracles from State health programs, especially during the Reagan years when State health budgets were starved. But Dr. Elders took up the challenge. Under her leadership, The Arkansas Campaign for Healthier Babies increased the number of pregnant women who receive early and regular prenatal care by 17% in 2 years. Early childhood health screenings increased from 4,000 to 45,000 in just 4 years. She developed programs that should have been in place long ago, to screen for sickle cell disease and for cancer in low income women.

Minnesota has struggled for many years with the problem of attracting providers to rural areas. Dr. Elders won grants that attracted 17 physicians and 5 other health care providers in 1992, up from 1.

This is a time of serious crisis in our country. At a time when certain corners in the wealthy parts of our cities offer more high tech medical equipment than entire nations, many Americans do without the most basic services. A survey just released by the Commonwealth Fund found that 13% of women in this country fail to receive the care they need in a given year, and among uninsured women, more than a third fail to receive necessary care. One third of all women did not have basic preventive health services in the last year, including a Pap smear or a physical exam.

As we face the task of health care reform, we need a leader in the Surgeon General's office who has a vision of where our health care delivery system needs to be headed, and what our public health services must accomplish. We have seen, from the notable examples of C. Everett Koop, and more recently Antonia Novella, that this is an office where a strong advocate can make a difference, and a strong advocate of the people is needed.

I am in awe, Mr. Chair, of Dr. Joycelyn Elders' accomplishments, of her vision, her drive, and her commitment. The President could not have chosen a better nominee. I pledge my full support for her nomination, and look forward to the dynamic work we will be doing together once she is confirmed.

Senator MIKULSKI. Dr. Elders, I know it is not easy to be a nominee. Unlike a physical exam, when you are presumed to be well,

and one is scrutinized to see if there is something that needs to be healed, often when there is a nominee in today's climate, there is a presumption that something is wrong, and you have to prove yourself to be okay.

I think that this hearing, you have proved yourself to be more than okay. I want to congratulate you with an "A" for effort in trying to answer the questions with candor and forthrightness.

I have been impressed during the process of this hearing about how actually informative it was; that there were many answers in the Q and A that my colleagues have asked, and your answers, in which I feel that I have learned something about public health, something about the status of children, and many insights on how to proceed.

I think when we can actually have hearings where we can learn from the process, as well as learn about each other, should be the model, and I believe we are going to learn for many years to come from you.

I have two areas of questioning. One deals with the hat that I wear as the chair of the Subcommittee on Aging on this committee, and the other relates to Federal emergency management, another responsibility I have in another committee.

As this Nation's Surgeon General, your job is not only to be the top pediatrician of this country—and I support the goals and vision that you articulated—but I want to also talk about the other populations in our society. In your Q and A about the Social Security issue, you spoke about the issues related to Leona Elders. I believe Mrs. Leona Elders has Alzheimer's; is that correct, Dr. Elders?

Dr. ELDERS. Yes, that's correct.

Senator MIKULSKI. My own father died of Alzheimer's. I know the plight of families who have Alzheimer's. I believe in many of the articles, for families enduring that situation, they call it the "36-hour day"; am I correct?

Dr. ELDERS. There is a lot of truth to what you just said.

Senator MIKULSKI. Now, every female nominee seems to have been getting a spill in the cinders or a bump around the issue of caretaking, regardless of who has been the nominee. Caretaking seems to be one of the fundamental issues in our society—where do you find it? How do you pay for it? How do you make sure it is good? Is "good" good enough? And not only for children, who have been the focus of attention in I know your life's work, but now you have provided caretaking for an elderly person, both financially and personally. Your description of your own life touches me very much. I know about those situations personally.

I wonder, from both your life experience and your experience in public health, how would you envision yourself as the Surgeon General on these issues of caretaking—do you have thoughts on it, and what would be those insights, both from your own experience, given with love, but difficult?

Dr. ELDERS. Senator, I feel very strongly about trying to provide health care for our elderly in their own homes for as long as we possibly can. Even for our health department—in fact, since I have been health director, we haven't talked about that very much—but we have expanded our health care from service of approximately \$2 or \$3 million to over \$20 million, providing in-home health services

such that we can keep our elderly in their own homes. We provided a lot of personal care. And from my own experience, Senator, I feel that my sons have gained a lot from helping to care for their grandmother. That is not a problem for them to help care for their grandmother, and they have learned from that experience. And even though now, she really does not interact as much with us, when she did, those were wonderful moments, and perhaps nothing is better than to be able to have a grandmother that you come home to and respect, because they remember when grandma took them to Six Flags.

So in that sense, I feel that we should provide the best.

Senator MIKULSKI. So you feel the best place to care for anyone is in his or her own home, and that it should be multigenerational?

Dr. ELDERS. Yes, I do.

Senator MIKULSKI. And in the programs that you have described in Arkansas that essentially enabled and facilitated people to remain in their own homes or with their families, were you the architect of those programs; were you the prime mover, or did you inherit a legacy of another forward-thinking Arkansas public health official?

Dr. ELDERS. Well, I think I was probably the mover to make it grow, but it was started by a previous health director who happened to be 74 years old at the time that he left the health department. But there is a young man there—he is still there—that's the vision, Senator—I would like to say it happened while I was there, but—

Senator MIKULSKI. But you enhanced it. So, while people were talking about you giving out condoms in school, you were also saying that the elderly should get i.v. fluids in their own home, and their meals-on-wheels, and things like that.

Dr. ELDERS. Oh, absolutely, Senator. And one of the groups that helped me absolutely the most in Arkansas with the Arkansas legislature was the AARP. They would get up in the morning at 7:00 to go and fill the legislature, to make sure, carrying signs about school-based clinics to support Dr. Elders.

Senator MIKULSKI. Oh, we know, we know.

Dr. ELDERS. So the walking elderly helped me fight for an increase in the cigarette tax, Senator; they helped me fight for school-based clinics; they helped me fight for many things.

Senator MIKULSKI. So you have helped to deal with this issue of so-called multi or intergenerational conflict.

Dr. ELDERS. Well, I just feel that they have just been wonderful.

Senator MIKULSKI. Well, thank you for answering that line of questions. I'd like to now move to another area.

Dr. Elders, I chair the subcommittee on appropriations that funds Federal emergency management, and my questions will go exactly to public health issues, if I might. Last weekend, I toured the flood areas with the President and the team, and met with some of the Public Health Commissioned Officers, by the way, to talk with them. Here is my question. As the Surgeon General of the United States, and your heading up the Commissioned Corps, as Senator Pell raised, could you tell me what in your mind would be the issues around public health and what you will be doing if confirmed quickly to meet the flood relief victims, and what do you

see the public health role, and what do you see the Surgeon General's role in responding to this great tragedy where some have lost their lives, some have lost their communities, some have lost their livelihoods, and are now faced with stench, disease, and more rain?

Dr. ELDERS. Senator, it is the responsibility of the Public Health Service, a part of the Commissioned Corps, under both the Surgeon General and Dr. Lee—I guess I am more personnel—to respond quickly, immediately, and to take care of the problem; make sure people have safe drinking water; make sure we are abiding by appropriate public health problems; make sure that we can, if we have to, transport in a hospital.

So we are the first responders to emergencies such as that, whether they are floods, whether they are hurricanes or large spills; whenever there is a major tragedy in our country. I feel that we have to respond to people in the time of need. Senator, if we can't respond in the time of need, well, then, when can we respond? That is the responsibility and one of the functions of the Commissioned Corps.

Senator MIKULSKI. Dr. Elders, you have been one of the top public health officers of a State where one of their primary hazards has been flooding. This is a situation that has befallen the State of Arkansas on many sad occasions. Have you led the public health efforts to respond to those? When we were in St. Louis, MO with the President and the Governors and so on, they talked about everything from the need for immunizations against diseases ranging all the way through to the mental health problems as people face the horrendous collapse of their community. Have you actually led efforts in that? Have you been a public health person who has done that?

Dr. ELDERS. Yes. That is handled out of my office, in fact. We have the response book, and all agencies—we meet, we all have our orders, we all know what we are supposed to do. We know who is going to call the Federal health. So that is something that—

Senator MIKULSKI. Do I have another minute or two, Mr. Chairman?

The CHAIRMAN. Yes.

Senator MIKULSKI. Could you tell us what you did to respond to the flooding in Arkansas? I mean, you look like the kind of lady who would just jump in a jeep and get out there.

Dr. ELDERS. Well, I have been very fortunate, Senator, that we haven't had a flood. But we have had—

Senator MIKULSKI. Well, hopefully, if you become Surgeon General, maybe we won't have another one.

Dr. ELDERS. We did have a terrible problem in response to a crisis down at Pine Bluff when there was a really very major toxic spill that might have required evacuating an entire town of about 40,000 or 50,000 people. But we immediately have, obviously, our environmental people, we have our nurses, we have our doctors, we have our physicists, and these people, the minute they are called, have to immediately go out and begin to address all of the problems—the police and so on. And we man also the radio, the communication system. And we spent the whole week working on how would we respond to that earthquake that they thought they were

going to have down in Arkansas some months ago. But the entire health department is involved.

Senator MIKULSKI. Did you design the plans and oversee the management?

Dr. ELDERS. I did not design the plans, but I was a part, and I worked with the plan and the person who was always there and represented me, who is one of our physicists who is over our radioactive waste disposal—

Senator MIKULSKI. Well, actually, that is one of your jobs as the Surgeon General, I believe. According to the job description, you're supposed to review the Department of Defense plans for transportation, open testing, and disposal of lethal chemicals and biological agents and recommend—

Dr. ELDERS. That's correct, and I have had 5½ years' worth of how we need to deal with those problems, Senator.

Senator MIKULSKI. So you as the Surgeon General of the United States feel that in addition to really wanting to focus a lot on the compelling needs of our children, you also see your job as broader than that, and you feel that you, because of your experiences, have the competency and the long history in that; is that right?

Dr. ELDERS. I certainly do, Senator. I feel that I have a real commitment, certainly, to our elderly, and I feel they are very aware of that. And I have a real commitment to our environment. I feel so strongly that the greatest gains we have made in public health are really related to safe drinking water. To me, that is a big responsibility, to make sure that it is not contaminated. I feel that we must protect our environment at all costs.

Senator MIKULSKI. Thank you.

Mr. Chairman, there are many more questions I could ask, but I think Dr. Elders now has certainly answered my questions, and I look forward to further Q and A from other colleagues.

The CHAIRMAN. Thank you very much.

Senator Bingaman, we are glad to have you. I know you have been at Armed Services, where I am also a member, and I regret being unable to attend those meetings today. We know you have been necessarily absent, but we welcome you back now.

Senator BINGAMAN. Thank you very much, Mr. Chairman.

Dr. Elders, it is a pleasure to be here with you. I really wanted to mainly congratulate you on your nomination and wish you well in this new position, which I am sure you will be confirmed in as soon as the Senate votes on the issue.

I do think that you have a rare talent for forcing us to focus on the real world we live in and not the world that we wish we lived in, and that is something we desperately need here in the Nation's Capital and throughout the country. So I welcome your ascension to this position.

Let me cite one issue that is of particular interest in my State, and I am sure it is one that you don't get asked about that often. The Federal Government, of course, in the public health system, which you would be the primary spokesperson for, the Federal Government has the main responsibility for the health of the Native American people. And we have had a series of particular health problems that have afflicted that population. One is diabetes. Type II diabetes, for example, is very prevalent on many of the Indian

reservations in my State and throughout the country. Alcoholism is a serious problem.

I don't know if you have any comments you could give us today on your thoughts about how we could do a better job of meeting our responsibility for providing health care for that group of Americans as well as the rest of us.

Dr. ELDERS. Senator, I have been to your State on several occasions; in fact, one when we were reviewing a large NIH grant related to looking at diabetes in Native Americans. I very much support providing the kind of health care that is, if you will, tailored to fit the needs of our Native Americans. We know that with appropriate diet and getting started early, early education, weight control, that we might be able to at least, if not reduce it, prolong the time before onset of diabetes.

So I would certainly hope that we would continue to start programs early such that we could address that. As you know, 40 percent of the Commissioned Corps is assigned to the Indian Health Service. Obviously, that is a large part of what the Commissioned Corps does is making sure that we serve in areas that are terribly underserved and need more services.

I know that we are not providing adequate health services in many of the underserved areas, including your State, certainly even including my State, but we will continue to try to address those issues.

And I know that the problem of alcoholism is a real problem, especially for pregnant women, and the development of fetal alcohol syndrome, where children who will often live with long-term permanent handicaps. So it really is a major issue where I feel that we have got to start looking into better ways than we presently have to address those issues.

I wish I knew how to tell you this is how to do it.

Senator BINGAMAN. Let me ask you about one other public health problem which I see in my State, and that relates to our Hispanic community. Historically, the Hispanic population of my State has not had some of the same health problems that the rest of our population has had. One example is lung cancer. We have not had nearly the incidence of lung cancer in the Hispanic community that we have had in the rest of our population because the incidence of smoking has been less. We have seen a very concerted effort by tobacco companies in recent years to target the Hispanic community and increase the incidence of smoking, seeing that as a very lucrative market to be developed.

These are issues which I hope you will be able to speak out on in your new position and provide leadership on, and I am sure, based on your previous experience, that you will not shrink from speaking out on them. So I'd just cite that for you and ask if you have any comment.

Dr. ELDERS. Senator, I appreciate what you have just said, and I feel that we must speak out against tobacco very forcibly, and we must do it early. The tobacco industry really is always recruiting bright young people into beginning smoking early, to keep their industry going. So I will be speaking out against tobacco.

Senator BINGAMAN. Mr. Chairman, I could go on for some period with questions, but I think Dr. Elders has been very patient. I ap-

preciate the chance to support her nomination, and I commend you for going forward with the hearing today.

The CHAIRMAN. Dr. Elders, we are in kind of a unique situation where we may be able to wind up.

Dr. ELDERS. I'm doing fine, Senator.

The CHAIRMAN. And without wanting to "disturb the particles," as Winston Churchill once said, if you feel comfortable, we could go on, rather than taking a break and risking other points.

Dr. ELDERS. I feel fine, Senator.

The CHAIRMAN. We may not; if it is inevitable that we can't, we'll take a break shortly.

Senator Kassebaum.

Senator KASSEBAUM. I have one more, prompted a bit by Senator Metzenbaum's comments about right wing groups having opposition.

Dr. Elders, you and I talked a bit about the lightning rod—and I think the pins are marvelous—but Senator Durenberger and Senator Wofford spoke, too, about comments that sometimes, in their forthrightness and our understanding of them, it would help us to know your concerns and why you said them. But on the other hand, I think it goes beyond that. Sometimes comments can just be a bit off-putting when you really want them to bring people together and may cause them to stand aside.

Let me ask—and I do this at some risk because, as Senator Wofford said, we all say things that are either taken out of context or we wish we hadn't said—but I would like to give you examples of some that have been in the press and have caused, I think, some concern.

One is: "I tell every girl that when she goes out on a date, put a condom in her purse." And: "We taught them what to do in the front seat of a car; now it is time to teach them what to do in the back seat."

There is the reality of the times we are in—but I think again, it isn't just right wing groups that might have some concern about those comments; it is others who would say, "Oh, gosh, is that what I look at for my granddaughter?" and think that this is what realistically is there. Again, on providing condoms in the schools, you said: "Well, we aren't going to put them on their lunch trays," but that yes, you felt that was important. And I suppose the one that has been quoted the most often is: "We would like for the right to life, anti-choice groups to really get over their love affairs with the fetus and start supporting children."

I do not raise these to cause any discomfort. On the other hand, I do raise them because I think that as the Surgeon General, and to address the causes that you care about and that we care about, whether it is Senator Coats or Senator Kennedy or Senator Mikulski or myself, we have to bring people together, and we have to make them feel comfortable, not distant.

And I know that you feel—and it may be right, and Senator Durenberger alluded to this—that you have to kind of get people's attention and shock them into a realization of what needs to be done. But it has to take a certain balancing, I would suggest, and I wonder how you would answer that.

Dr. ELDERS. I would agree with you, Senator Kassebaum. I think we all would like to bring people together and have them work together. And when those statements are just statements out there, out of the context of a whole speech, sometimes I think the flavoring becomes very different.

When I made the comment, for instance, in regard to the prostitutes and Norplant, well, taken out of context—in the context that I was answering it, they were asking if I would support Federal programs or programs to pay for Norplant for drug-addicted women who were prostitutes. And I still feel that rather than them having drug-addicted babies, I still would. But just to say that I would just be doing that so they could go out and have babies or something—obviously, I don't support that. I am not about that.

In regard to the front seat and the back seat comment, I think that as we teach our children driver's education—almost every school in Arkansas has some type of driver's education—we teach them to not drink and drive; we teach them to always wear their seatbelts—and we teach them sex education, to be responsible.

And Senator, I believe that abstinence—I feel as much or more than anybody—I certainly feel that that is what I have taught my children. Every parent I know, I feel, supports and teaches abstinence. Every preacher I know supports and teaches abstinence. But we know that sometimes they are not abstinent. But the thing that I was really trying to say was that we want them to be responsible. If you can't be abstinent, I want you to be responsible. If it happens, certainly, use a condom; don't take the risk of AIDS or sexually-transmitted disease or pregnancy.

Everybody is excited about abortion. I have never been about abortion. I think we discussed that issue. I am about preventing unplanned pregnancies. And I think we know that if we could prevent the pregnancy, then abortion becomes a nonissue.

So what I was really saying was that we need to teach our children more than just "No." We need to teach them how to say no, and we need to teach them that if they get into problems, to be responsible, to make a responsible decisions. I think that was what I meant by that statement, and I think in the context of the whole speech that I made, I think most people would agree that that was how I meant that statement. So that's what I meant.

And in regard to the condoms in the purse, again, I was probably caught up in the moment. I was speaking to a high school group that was having a prom about a week or two later, and we had spent a whole hour with them asking questions and talking. And I did say—I'm not going to deny it—I did say that I feel that they should never go out on a date with somebody that they liked—and I did have that statement in there, too—unless they had a condom in their purse.

What I was really saying to the girls was don't depend on the young man to say, "I don't have one." You make sure that you have one. And I guess I still don't really disagree with that. I don't want them ever having to need them. I just don't want any of them. But I want them to be responsible.

Senator KASSEBAUM. You have been endorsed by the Arkansas PTA, I believe it was stated. Do you work quite a bit with the parent groups and with the schools?

Dr. ELDERS. Yes, I do, Senator.

Senator KASSEBAUM. It seems to me again an important avenue that just can't be overlooked. And it goes back to my opening comments about the changes in generations and the changes in influences, like television, and I agree so much with your comments on that. It is the sexual innuendos that we hear today in our advertising and so forth that I think are all part and parcel of the bigger picture.

Dr. ELDERS. Yes.

Senator KASSEBAUM. But how you address it, again, as the spokesperson for our Nation's health, becomes the question, and I think that is terribly important. As I said, it is a great opportunity because it is obviously a major problem that we have. But how it is done, though, in order to get the broadest audience possible to support it, will probably require a little bedside manner as well as the thunderbolt.

Thank you very much.

Dr. ELDERS. Thanks, Senator.

The CHAIRMAN. Thank you.

Senator Coats.

Senator COATS. Thank you, Mr. Chairman.

Even though he is no longer here, I want to thank my colleague, Senator Durenberger, for saying some very nice things about me—I hope they are true.

Dr. ELDERS. Senator, I thought you were very nice when I came to visit you, so I have been saying nice things about you, too. [Laughter.]

Senator COATS. I was starting to think I might be getting a bad rap. Whatever the case, I hope you can still say that after I am done with this round of questioning.

Dr. ELDERS. Go right ahead.

Senator COATS. It is not easy to talk about these financial questions. In fact, I respect an individual's right to privacy and, from one standpoint, regret that we have to ask these questions. But I think they need to be asked only because many have written and alleged that there are potential conflicts of interest. And I would think you would want those resolved, and we need to have those resolved. If there are conflicts of interest, then that is a matter that the committee needs to take into consideration in terms of your nomination.

I understood your reluctance to release some of your tax forms, which is why I suggested a closed hearing so that we could discuss these candidly without you having to do it on nationwide television. But you and the chairman said no, you are more than willing to do this on a public basis, so while the questions are a little bit difficult, you have chosen to do so, and I want to just take a small amount of time here to pursue a couple of questions that I did not get to in my first round.

This whole matter of caretakers and domestic help and paying their taxes, no one really knew that was a problem until we had some Attorney General nominees, and it suddenly became a very explosive political issue. And it is probably not of much comfort to Zoe Baird or Kimba Wood that we are now saying, oh, well, this doesn't really matter. It certainly matters to them. Whether it was

an appropriate question or not, it was a determining factor in the fact that they are now back in the private sector and did not become Attorney General.

So it is an issue, and I think questions have been raised, and you have answered many of my questions, but I just wanted to clarify a couple of points.

You stated that you and your husband have paid for the care out of a joint account. Then in response I believe to Senator Kennedy's questions, you indicated that actually, the funds for that were your mother-in-law's funds which were placed in your husband's and your joint account and then paid back out. Am I correct on that?

Dr. ELDERS. That is correct.

Senator COATS. Now, this individual, Audrey Ruffin, who provided the care for your mother, was she connected in some way with the Mercy Nursing Home?

Dr. ELDERS. Yes.

Senator COATS. What was that connection?

Dr. ELDERS. She was the daughter of the former owner of the nursing home before it was sold.

Senator COATS. All right. And I believe your financial disclosure form filed with the State of Arkansas indicated that you had a financial interest in that nursing home; is that correct?

Dr. ELDERS. My financial interest was a salary, Senator, for serving—I was providing medical care at that nursing home. I had no financial interest in that nursing home.

Senator COATS. All right. So your financial—whatever you'd call it, financial interest, or whatever—the financial connection with the Mercy Nursing Home was that you were providing nursing care—

Dr. ELDERS. Yes.

Senator COATS. —to the nursing home?

Dr. ELDERS. No. Senator, I am a physician. I was providing medical care.

Senator COATS. Well, I'm sorry. I misspoke. You were providing medical care—

Dr. ELDERS. That's correct.

Senator COATS. —to patient in that nursing home.

Dr. ELDERS. Yes.

Senator COATS. And you did so while you were State health director for the State of Arkansas?

Dr. ELDERS. Probably, yes, for 9 months or so. It closed not too long after I become—well, months after I became health director.

Senator COATS. All right. The Washington Post said you served as medical director of the nursing home for 18 years.

Dr. ELDERS. Yes, that's correct.

Senator COATS. I don't understand the differences. Didn't you just say 9 months?

Dr. ELDERS. But I wasn't the health director for 18 years.

Senator COATS. All right. You served as medical director for 18 years at the Mercy Nursing Home.

Dr. ELDERS. That's correct.

Senator COATS. And did you receive a salary during that 18 years?

Dr. ELDERS. Yes.

Senator COATS. All right. I am still a little bit confused about the 9 months.

Dr. ELDERS. After I became health director, the nursing home closed, I think, the following year.

Senator COATS. I'm sorry. After you became health director for the State of Arkansas, the nursing home closed.

Dr. ELDERS. Yes.

Senator COATS. All right. And then you terminated, obviously, your service there.

Dr. ELDERS. Yes.

Senator COATS. Now, in 1990, we are not able to get hold of—I believe you are required under Arkansas law to file financial disclosure statements—but we cannot find your 1990 financial disclosure statement.

Dr. ELDERS. I can't find it, either.

Senator COATS. So it is lost?

Dr. ELDERS. I assume it is lost, Senator. My secretary has looked for it; the secretary of the State has looked for it. We don't remember them ever asking about it again, and I can't remember—I usually file them every year.

Senator COATS. Whom is it filed with in the State of Arkansas—the secretary of State?

Dr. ELDERS. The secretary of State.

Senator COATS. And they have no record of it?

Dr. ELDERS. No. That's where we went for the files, and they said that they couldn't find it. I don't know—

Senator COATS. Is it possible it wasn't filed?

Dr. ELDERS. That is possible, Senator, but I really can't remember. And it is not a complicated form. Nothing changed on it. So I—

Senator COATS. But there is no copy, no record?

Dr. ELDERS. Well, we can't find it, Senator. We looked.

Senator COATS. And that's the same period in which the nursing home became insolvent—did it become insolvent?

Dr. ELDERS. I'm not sure it became insolvent. The person who owned the nursing home sold her right to have a nursing home, and all of the patients were subsequently moved, and someone else used her—it's called something; I can't remember—to keep from overbuilding in Arkansas, there has to be a certificate of need, and the certificate of need was sold. So all the patients were moved, so there was no nursing home.

Senator COATS. All right. If I could, let me follow up on Senator Kassebaum's points that she was going to make, because I agree with her, and I think you did, too, in that the Surgeon General plays kind of a unique role in our Nation. The influence of the Surgeon General is largely persuasion, and generally, what I think the Surgeon General tries to do is educate the public as to public health hazards and healthy practices. And for the most part, I think its greatest power, I guess, has been moral persuasion, moral leadership, trying to build a consensus. And you indicated that you thought that that was important.

There are a number of issues that you have spoken out on, and Senator Kassebaum raised some quotes on a couple of them, where I think it raises into question whether it is consensus building or

dividing. You know, we on this panel have fundamental disagreements over the issue of abortion. I think our challenge is to discuss those disagreements in a serious but civil way without trying to attack motives.

When we talk about contraceptives, and whether that is the best way to approach the problem of teen pregnancy, there are many of us who are concerned that just promoting condoms as a solution to the problem can actually promote promiscuity, and you can see how easily statements can be taken out of context.

Dr. ELDERS. Senator, if I might say something, if I might interrupt you for just a moment.

Senator COATS. Sure.

Dr. ELDERS. One of the things in regard to condoms—I think if they would read Arkansas papers very carefully, they would also find a statement that I said that I am a physician, and if I thought just passing out condoms would solve the teenage pregnancy problem, I would go out on the Mall—and I am a doctor, and I can—and just pass out condoms. But I know that that will not solve the problem. So I am not about just passing out condoms. That has never been what I have been about.

Senator, in some of our very poor areas, we also had young people trying to help to protect themselves who could not afford or could not get to the store or did not have condoms, Senator, who were using saran wrap for condoms to try to protect themselves.

So what I have been about, and I always say every time, I am about six things. I have never been about any single thing. And I think you and I discussed those—early childhood education, comprehensive health education, parenting education, educating our parents, teaching our young men to be responsible, comprehensive school-based health services, and providing programs that offer children hope. And I think we need all of those; no single one of those would solve the problem.

Senator COATS. Well, I appreciate you saying that, and I also appreciated your comments regarding abstinence. I think, unfortunately, whatever you have said in that regard relative to addressing the very serious problem of unwanted pregnancies has not been highlighted or reported or given primary emphasis—at least in the press, it has not. But all the emphasis has been on condoms as the primary preventive. And I think that discourages several of us for a couple of reasons.

One, I think it totally avoids the moral question. Second, we know that condoms are not failsafe, and we know that sexually-transmitted diseases can pass through condoms. We know that there is a failure rate of 10 to 15 percent, or whatever—Planned Parenthood says 15.7 percent in their latest missive, and much, much higher for group-specific failure areas. Other groups say it is higher, other groups say it is lower. We know they are not failsafe.

We know that the AIDS virus can be passed through condoms, and we know that they break, and we know that they slip, and we know that they are not properly used. So the last thing we want to do is leave a message that all you've got to do is use condoms, and you are safe. You may be safer, but you are not safe.

I think an awful lot of young people in our society today think that, oh, the solution to AIDS, STD, pregnancy is condoms. I am

not sure we are really educating them on the fact that we've got a lot of pregnant women and a lot of people with STD, various types of sexually-transmitted diseases; and people with AIDS who used condoms and thought that they were protected.

So I was happy to hear you say that abstinence is important, and it really ought to be a primary message. In fact, if you are telling a young girl if you really want to be safe—and I am just talking from the medical standpoint now, not the moral standpoint—but if you really want to be safe, don't count on condoms.

So perhaps it has been misstated, or perhaps only those quotes about condoms are the ones that have been quoted, but I was happy to hear you say that about abstinence. And you used the examples of we teach—

Dr. ELDERS. Senator, may I respond to the abstinence problem?

Senator COATS. Sure.

Dr. ELDERS. I think that we all support abstinence, we all want abstinence. I know that that is what I feel we should all be about. And if you find out the magic bullet on how to be abstinent, what I want more than anything else as your Surgeon General is to really be able to reduce or eradicate AIDS, sexually-transmitted disease, and to make every child a planned, wanted child. And if I knew how to do that, listen, whatever it took is exactly what I would do.

We know that condoms are not 100 percent. The only thing that is 100 percent is abstinence. But we know that many of our children are not being abstinent. And I want you to know that given a choice between a young woman coming in and saying, "I am pregnant," and whether or not she uses contraceptives, most mothers I know would get up at midnight and go out and buy them for their children themselves; no mother wants to hear that her child is pregnant. And I think we always get bound up in abortion, Senator, but the real issue is preventing the pregnancy. Then abortion becomes a nonissue.

I know that nothing is failure-proof, but I feel that we have to protect, and we use the best resources we've got. I know you have insurance on your home, I know you have insurance on your car, but you would not go out and burn your house down or wreck your car just to collect the insurance. And that is why I feel that we have to look at condoms as a protective measure. We don't fight wars, we don't make guns to kill people. We have guns to protect our country.

So it's the best we've got. While it is imperfect, it is the best we've got.

Senator COATS. Well, I too understand the realities of what we are dealing with with young people today, and the messages that are shouting at them to go ahead and do it; everybody else is. But in your position as Surgeon General, you really will have an opportunity to exert moral leadership as well as practical public health directives. I know your brother does that from the pulpit. I know many, many pastors do that from the pulpit. I know many kids don't go to church and listen to those messages. And while they might not go to your brother's church, they might listen to the Surgeon General on that subject. So I hope you are eloquent on the subject of abstinence, knowing that that is a message that not ev-

everyone is going to heed—but maybe some will, and maybe some of those who will avoid the tragic consequences that come from even failure of preventive measures.

Now, in that vein, I wonder if I could just quote to you a couple of other quotes and give you the opportunity to say, "Well, that's not what I said," or maybe it's in a different context, or whatever, because I did see these as divisive, and I think if we are agreed that consensus building is important and educating is important, we ought to make sure that all of us—the people on this side of the dais as well as that side of the dais—try to avoid those statements that get to motives or are misconstrued or are seen as polarizing and divisive.

For instance, you are quoted again in the Washington Post as saying: "Pro-lifers are very religious non-Christians. Yes, they love little babies as long as they are in somebody else's uterus." You are quoted as saying: "Most of our society believes that a baby is God's just punishment for fornication. I am going to keep using him to grind in that punishment to you."

Did you say that, and do you really believe that?

Dr. ELDERS. The first statement, Senator, I certainly did make, but—I'm sorry, would you mind—my brain must be dying off—

Senator COATS. "Pro-lifers are very religious non-Christians."

Dr. ELDERS. All right. Let me tell you why I said—and I don't think I ever—"pro-lifers" is not a statement that I use very often, Senator, so if that was the way it was worded, that's not what I said. I really said—I think it's more likely that I said "the right to life is really the"—what I probably would have said—"very religious non-Christian right."

The reason why I would say "very religious non-Christian right," Senator, is that in Arkansas—I don't know what they do in your State—but what they do is they fight against health education, they fight against welfare, they fight against Medicaid, but they always want to have the children born, but they do not want to support children after they are here. And that was probably where the "love affair with the fetus" may have come in, because I looked on it as an affair, that is, a short-term commitment; whereas with children, that's forever. That is a very long-term commitment. And in my State, I have not seen them out working for programs to help poor mothers. And if we had a society where everybody was provided health care, a decent place to live, and an adequate education, then Senator, we would be taking care of all people. But in Arkansas, in my State, I don't see these kinds of commitments.

Senator COATS. Well, all right. The Los Angeles Times quoted you as saying: "Most of our society believes a baby is God's just punishment for fornication." Do you really believe most of our society believes that?

Dr. ELDERS. I would have never said "most of our society." I would have been restricting it probably to a very narrow group.

Senator COATS. But you are quoted as saying "most of our society."

Dr. ELDERS. Senator, if I would talk about the number of times that I have been misquoted—and I am sure maybe you have not been misquoted—but I would say that—

Senator COATS. OK. So you didn't—

Dr. ELDERS. But I don't mind—

Senator COATS. You didn't say that. The Los Angeles Times is—

Dr. ELDERS. I probably didn't say "most of our society." But I did say that there are people in our society who look at having a baby, a pregnancy, as just punishment for fornication.

Senator COATS. "God's just punishment for fornication."

Dr. ELDERS. Well, I might have said "God's just punishment." All right.

Senator COATS. Because in the Berkeley Law Journal in an article you wrote—

Dr. ELDERS. That's right.

Senator COATS. —and this one, I assume, was not misquoted—"We have refused to make a commitment to solving the crisis of teenage motherhood because we view pregnancy as just punishment for the sin of premarital sex."

Dr. ELDERS. I did say that.

Senator COATS. And do you believe that?

Dr. ELDERS. I wrote it, and I did say it, yes, sir.

Senator COATS. So in essence, the Los Angeles Times, maybe a word is off here or there, but that's what you were trying to say, I assume.

Dr. ELDERS. What I wrote, Senator, was—that was why I was questioning—I guess there are certain things I don't recognize as what I said, but what you read out of the Berkeley Law Journal is exactly what I meant.

Senator COATS. Well, I'm not about to get into the theological correctness or incorrectness of that conclusion. The point I am trying to make is that to many people whose faith is very important to them, they view that as a very divisive, radicalizing, polarizing statement, and "those are fighting words."

Dr. ELDERS. Senator, my faith is very important to me, too.

Senator COATS. Let me just turn to one other area of quotes, and I can probably stop at that. You said: "In the 17 years that abortion has been legal nationwide, it has had an important and positive effect on public health." Do you really believe abortion has had a positive public health effect? I mean, many of us see that as a tragedy. We see teen pregnancy as a tragedy.

Dr. ELDERS. I see teen pregnancy as a tragedy. I see abortion as a tragedy. And Senator, my whole effort—the only efforts I have made and will continue to make—is really to try to avoid teenage pregnancy. I feel that if we stop talking about abortion and start putting our efforts on how do we prevent unplanned pregnancies, we can begin to make real progress in our society.

Senator COATS. I raise that because you had also indicated before this committee in your testimony in 1990 on the Freedom of Choice Act, you said: "Abortion has reduced the number of children afflicted with severe defects. The number of Down's Syndrome infants in Washington State in 1976 was 64 percent lower than it would have been without legal abortion," to which the Down's Syndrome Congress replied: "Does this mean Dr. Elders feels children with Down's Syndrome are not worthy of life in our society?"

Dr. ELDERS. Absolutely not, Senator. The statement was in fact a statement of fact. The number is a fact. But I have had many

patients that I have cared for with Down's Syndrome. My favorite uncle, my nephew, has Down's Syndrome. He is presently 20-plus years old—a wonderful, lovable child.

I feel, Senator—I think we were talking about the Freedom of Choice Act when I spoke—I feel that people should be able to make that choice. I do not feel that I know enough about other people's lives to make that choice for them. I am not good enough to make that choice, and Senator, I don't feel that I love enough to make that choice. I feel that that is a choice that they have to make between themselves, their significant other, and their God. It should not be made by me.

Senator COATS. Well, having just said that, let me ask you this, then. In an interview with Bryant Gumbel on December 30, 1992, you said, "If you wanted to keep kids healthy, you had no choice but to take command of their sexuality at the first sign of puberty. I would tell them," you said, "you are going to have two good babies, and I'm going to decide when you're going to have them."

How does that square with what you just said about not being in a position to make a choice?

Dr. ELDERS. Senator, I know those two things were never said together in an interview with anybody. About the "two good babies," we were talking about children with diabetes. I am a pediatric endocrinologist. I took care of young children with diabetes, and I did not want them involved, Senator, in having babies before they were ready to have babies. I wanted them to be in good control, and I wanted them to have very healthy babies. So, when they began puberty, with their parents sitting in the room—and there were probably 500 parents all over Arkansas who would come—we talked about the things that would go on and what would happen. And every time I ever talked to any parent of a child who had diabetes, all I saw was sitting in the chair, nodding. And some of them, when they were going to get married, we talked about it; we would make sure their hemoglobin A-1-Cs were right; we would sometimes change them to put them on a pump. So I very strongly felt that I wanted them to have two good, healthy babies. We are not talking about abortions. We are talking about pregnancy.

Senator COATS. Well, I think it is important that you have an opportunity to clarify that. I mean, it is quoted by some pretty reputable sources—New York Times, Washington Post, L.A. Times.

Dr. ELDERS. And Bryant Gumbel never talked with me of something of that sort.

Senator COATS. I just have one more area, Mr. Chairman, unless you want to—

The CHAIRMAN. I would just ask regarding diabetes, the incidence of high-risk pregnancy for diabetics is much higher; is that correct?

Dr. ELDERS. Oh, yes, sir.

The CHAIRMAN. I mean, this is a medical phenomenon, the difficulties diabetics face when they have children.

Dr. ELDERS. Yes, absolutely. Any woman, especially those who have juvenile diabetes, has a far higher risk of having a child who is born—they may be born big, but they are premature. They have a far greater risk of having congenital malformation if they are not well-controlled at the time of their pregnancy, and they have a far

greater difficulty with their pregnancy. So we have really tried to control very carefully, plan the pregnancy such that they would be in control and that we would try to keep them very—

The CHAIRMAN. So that they have the best opportunity to have a healthy baby.

Dr. ELDERS. Absolutely.

Senator COATS. One last issue—this whole question of defective condoms. And I know that we touched on it earlier, but I'd like to just ask a couple of questions about that.

The condoms, as I understand it, were purchased from Ansel, who sold them under the brand name of "Lifestyle," and you had purchased—according to Associated Press—over one million "Lifestyle" condoms were purchased by your health department. The Food and Drug Administration then found a defective rate of ten times higher than that set by the Food and Drug Administration; in fact, 50 per 1,000 were found to be defective.

The FDA approved recommendation for recall of the condoms, but no recall was ever made, nor was the Arkansas public who was given these condoms ever informed that these were defective.

I guess my question is why didn't you feel an obligation or responsibility to warn those young girls, or boys, or whomever had those condoms that they were carrying a loaded gun?

Dr. ELDERS. Senator, I think the AP may not have reported it correctly, but it was the Arkansas Department of Health that reported the defective condoms to the FDA.

Senator COATS. OK. But why weren't those who had to use them—I mean, the FDA wasn't going to use the condoms, and they weren't at risk—

Dr. ELDERS. And the FDA was going to force a recall, but the company volunteered to recall the condoms and bring them back in. So—

Senator COATS. Did the company do that?

Dr. ELDERS. Yes.

Senator COATS. Was there a public campaign in Arkansas to inform those who had been given condoms that these were defective and that potentially—

Dr. ELDERS. No, sir, there was no public campaign.

Senator COATS. How were they to know, then?

Dr. ELDERS. Well, we looked at the number that was out, and we made the decision, whether it be right or wrong, we made the decision considering the number of condoms from that group that was out that it was in the greater public good—and sometimes, you as a public health official have to make decisions that you consider in the greater public good as opposed to an individual.

Senator COATS. Well, how can it be in the greater public good when you are running a risk of 50 failures per 1,000 of not only an unwanted pregnancy, but a lifetime sexually-transmitted disease, or even AIDS? How could that be in the greater public good?

Dr. ELDERS. Well, of course, you have just been fighting me about condoms, and I have been trying to tell you that it was 50 per 1,000, but it would be 1,000 per 1,000 if they didn't use condoms.

Senator COATS. But we are talking about a defective condom now. We are talking about General Motors saying you keep driving

that car, and you may die in a head-on crash because your brakes fail, and then informing the State and the State not doing anything about it. I mean, if I were a parent—

Dr. ELDERS. Senator, we made a public health decision. It may have been the wrong decision, but that was the decision. After conferring with the FDA, conferring with our top-level staff in Arkansas, that was the public health decision that we made.

Senator COATS. Do you still believe it was the right decision?

Dr. ELDERS. Yes, I do.

Senator COATS. Even knowing that potentially some young people using these could get AIDS, and it could be a life and death decision?

Dr. ELDERS. Again, there were very few of those condoms, Senator, that were out, and the other thing that we—we changed; we recalled them, we exchanged, and we got new batches of condoms for our health departments, and we felt that really, creating a major scare over a whole State would markedly reduce the—make everybody afraid of the condoms and not use the condoms of the health department. So that was the decision we made.

Senator COATS. Well, the only condoms you turned in were those that were in the possession of the Arkansas Public Health Department; right?

Dr. ELDERS. But all the condoms that were given out were in the possession of the Arkansas Public Health Department, and whereas they may have been out, they are out in our public health clinics.

Senator COATS. Yes, but what about those that had already been handed out to the young people?

Dr. ELDERS. Yes, well, Senator, those were out.

Senator COATS. In your position as Surgeon General, if a similar situation arose, would you make the same decision?

Dr. ELDERS. Senator, I would pull all of the people that I felt I needed around me to help me evaluate the decision, and I would always try to make the decision that was what I felt was in the best public health interest.

Senator COATS. Well, how about as a mother? What if your children had picked up some of those condoms at school, and you later found out that no one bothered to notify you or your child that those condoms had a failure rate of ten times what FDA recommended? Wouldn't you be a little bit upset about that, and if someone said, "Well, I made the decision in the best interest of Arkansas public health," wouldn't you as a mother be a little upset?

Dr. ELDERS. Senator, the decisions I make as a mother, the decisions that I make as a private citizen, and the decisions that I make as a public health official are sometimes different.

Senator COATS. Well, in this case, don't you see some potential tragic consequences of making a distinction between the difference of public health director and deciding not to recall a condom that can provide death, or unwanted pregnancy, or as a mother?

Dr. ELDERS. We did recall all of the—all of the condoms out of those groups, Senator, I have told you were picked up—

Senator COATS. But wouldn't you want—didn't you think that you ought to notify people that—

The CHAIRMAN. Well, Senator—

Senator COATS. I mean, when you've got a potentially deadly—

The CHAIRMAN. Senator, I think we are going to have to take a break. I mean, I have listened to the answer three times. I am glad to do whatever you want to do, but I thought you were on the last—

Senator COATS. Well, you are right. The answer is no, and I guess I shouldn't keep pushing her.

The CHAIRMAN. If I could ask, just very briefly—and then, if there are other questions, we'll have those—the first complaint of condom breakage was received in the fall of 1990. The health department sent samples to the supplier for testing. The supplier informed the department that the condoms met specifications, as I understand it; is that right?

Dr. ELDERS. That's right.

The CHAIRMAN. The first complaint, complaint number one, your department took action and sent it back to the manufacturer. They said that they met the specifications.

Then, between February 1991 and June 24, the department received four additional complaints—four—

Dr. ELDERS. Yes, sir.

The CHAIRMAN. —about condom breakage. On July 21, the health department stopped distribution and requested the return of all the condoms at the public health clinics.

So you reached out to all the public health clinics and brought those back.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. Essentially, the department took the action on the basis of only five complaints. Although the condoms were distributed nationwide, no other complaints were made to FDA.

Dr. ELDERS. That's correct.

The CHAIRMAN. No other department of health in the country made complaints, according to our records.

Dr. ELDERS. That's correct, Senator.

The CHAIRMAN. Yours did.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. Now, following the action by the health department, the department notified the FDA, and FDA tested the samples of the condoms, found them to be defective, approved a seizure recommendation, and the seizure recommendation was voided when the company voluntarily withdrew all the lots of the condoms in question. Is that right?

Dr. ELDERS. That's correct.

The CHAIRMAN. Now, this is the second area. You were not able to notify all of the individual clients; is that correct—

Dr. ELDERS. That's right, Senator.

The CHAIRMAN. —because they are distributed in public health clinics.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. So you don't know all the people who have gotten them because you don't have records of who received them all. But you did withdraw all those that you had contact with.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. So the question is did the FDA, did the Federal Food and Drug Administration issue a public information release?

Dr. ELDERS. Not that I know about, Senator. We didn't receive one.

The CHAIRMAN. The Food and Drug Administration did not. Well, it seems to me we ought to be finding out what happened with the FDA on this. [Applause.] Now, it is a public health issue and question whether, after making a judgment about how many have been distributed and what is the nature of the risk and how many are out there, versus, as I would imagine, whether by issuing the public information release, you are going to find that other people might say, "Well, these other condoms might not be effective, and therefore we won't use them," and create a public health issue. Is that correct?

Dr. ELDERS. I think that's correct.

The CHAIRMAN. These are tough calls. There was the difference between the killed and the live vaccines in polio. With the live vaccine, you immunize more children, but you are going to have a very small but measurable percentage of those children who are going to get polio. How do you look a parent in the eyes and say, "Well, your child got vaccinated and got polio," and the other child who was immunized did not get it? It is a very tough ethical, moral public health issue and decision that you have to make, and as I understand it, you handled it exceptionally well.

I know others may be Monday morning quarterbacks and look back on this, but I understand your answer to be that when you have public health issues and questions like this, you want to try to bring people together and try to make some kind of judgment which will be in the interest of the public health. You made it with regard to this issue; there may be others who think there should have been a different judgment. But that is what I understand the situation to be.

Dr. ELDERS. That's correct.

Senator COATS. Mr. Chairman, could I just ask on this point—

The CHAIRMAN. Sure.

Senator COATS. That was a very spirited defense, which you are very good at—

The CHAIRMAN. Well, it was a factual statement.

Senator COATS. Well, Mr. Chairman, I want to challenge that because my information is that all of the defective condoms discovered by FDA when they contacted Ansel were in five lots, and all five of those lots were purchased only by the Arkansas Public Health Department. So it wasn't a matter of contacting other States. It was simply a matter of contacting the Arkansas Public Health Department.

And it seems to me that whether or not the decision was made to recall them, there was an obligation to at least issue a notice. My goodness, if we have defective Tylenol, they put a public service bulletin out and say don't take them—even if they don't get all of them back from the shelves of the stores, they say, "Don't take them. You might die." And it would seem to me that the very minimal obligation ought to be at least to send word out to the 16- and 17-year-olds, who think that they've got a condom that is going to protect them, that when you have been told that they are defective, the least you could do is put out a notice saying there are some defective condoms out there, and if you have any question, go to the

place where you got them, and we'll replace them. That seems to me to be the least of the responsibilities we have with the young people whom we give the defective condoms.

The CHAIRMAN. I would say to the Senator there are a series of lots. There is no indication that those are not distributed nationwide. Why don't we wrestle with this ourselves—

Senator COATS. Yes. It is factual issue we'll have to determine.

The CHAIRMAN. I'd be glad to, but it is my understanding that they were distributed nationwide. And quite frankly, there is the issue of FDA's policies with regard to this particular instance. They talk about when they do give notification and when they don't, and when they leave these matters up to public health considerations. The Senator may not agree with the decision that was made on it, but I do think that this may be a matter of sound public health. We may have to go back and look at the actions of the Food and Drug Administration, when they leave these kinds of issues and questions to the public health considerations of those who are affected.

The nominee made a judgment on public health grounds, and we have a number of people—and I will put their statements in the record—who support that public health decision, and there will be others who may differ, but that is the situation.

I want to just touch on two final areas. Since there has been such discussion on the condoms, I want to include in the record excerpts from Dr. James O. Mason, who was assistant secretary for health for President Bush. He says: "When we cannot eliminate risky activities, we must attempt to modify and mitigate them and their consequences. This public health role is what brought a conservative moralist, C. Everett Koop, our former Surgeon General, to become an outspoken advocate of condoms." Koop was Surgeon General during the Reagan-Bush period, and James Mason was assistant secretary for health under President Bush.

Mason continues: "The tension between what some of us would prefer that children and adults do and what they sometimes actually do is why the Public Health Service continues to urge abstinence in some programs and yet promotes condoms in others."

[The material referred to follows:]

Administration Support for Condom Availability

EXCERPTS FROM: WHY THE GOVERNMENT URGES ABSTINENCE AND CONDOMS

DR. JAMES O. MASON, ASSISTANT SECRETARY FOR HEALTH

I am convinced by my experience in the Public Health Service that certain activities that I would caution young people about on moral grounds are also a clear and serious health risk, causing, for example, about 40,000 to 80,000 deadly new infections with the AIDS virus (HIV) each year.

Of course, physicians in public health must do more than rail against such activities. When we cannot eliminate risky activities, we must attempt to modify and mitigate them and their consequences. This public-health role is what brought a conservative moralist, C. Everett Koop, our former surgeon general, to become an outspoken advocate of condoms.

He didn't change his moral view, but his public-health view reflected a world in which AIDS is the No. 1 disease killing American youth and a world in which many kids are likely to experiment with their bodies and may start having intercourse between the ages of 13 and 16.

This tension between what some of us would prefer that children and adults do and what they sometimes actually do is why the Public Health Service continues to urge abstinence in some programs and yet promotes condoms in others.

To appropriate audiences, the need to meet health needs may also lead us to recommend to gay men certain modifications of sexual practices that, under other circumstances and with other audiences, many of us would blush to describe.

Primo Levi, the Holocaust survivor and chemist, wrote, "When we know how to reduce the torment, but do not do it, then we become the tormentors."

We, as physicians, immunize what we can and treat the conditions we cannot prevent. We moderate disorders when we can and palliate the hurt when we cannot. But there are times when the best we can do is advise, urge and recommend—and do it we must.

The CHAIRMAN. I will also include the statement of Antonio Novello, the Surgeon General appointed under President Bush, where she talks about HIV and adolescents, and urging abstinence: "For them, we must not fail to provide adequate instruction on correct use of condoms."

And in everything I have heard from you, you have been talking about abstinence and about the importance of values and responsibility on these issues as well.

So I want to put these in as part of the record because they are very clear indications of what the previous Surgeon General's position has been on this issue.

[The material referred to follows:].

EXCERPTS FROM: TEEN-AGERS' HIGH-RISK BEHAVIOR COURTS AIDS

ANTONIA C. NOVELLO, SURGEON GENERAL

While AIDS experts confer in Amsterdam, the USA needs to focus on curbing the spread of the virus among adolescents.

Studies indicate the average age of first sexual experience among U.S. adolescents is 16. A 1990 survey of adolescents by the Centers for Disease Control reported the 54% were sexually active before finishing high school and 19% had four or more partners.

As surgeon general, I cannot allow the spread of HIV in adolescents to continue unchecked. We must impress upon our young people that abstinence is the only sure way to protect themselves from acquiring a sexually transmitted disease or HIV. But being realistic, I believe we must also educate our youth about the best ways to protect themselves if they choose to be sexually active. For them, we must not fail to provide adequate instruction on correct use of condoms and alert them to their obligations and responsibilities toward their sexual partners. Above all, we must foster in them a cautious, sensible and realistic approach to sex.

EXCERPTS FROM INTERVIEW WITH PRESIDENT BUSH, DECEMBER 17, 1991

Q: What about condoms to teenagers?

A: "Look, it's dealer's choice. Let them try it out there. Would I want this as a national program, something at the federal level? No."

EXCERPTS FROM DR. JAMES CURRAN, ASSISTANT SURGEON GENERAL AND DEPUTY DIRECTOR FOR HIV AT THE CDC

"Decisions about the role of condoms in any program for HIV and STD prevention are best made locally, with careful attention to the context in which they are presented. We understand that the Philadelphia Board of Education decided that Philadelphia schools could provide condoms for students. The CDC recognizes and supports the right of each affected community to determine the course of action most appropriate to prevent HIV infection under local circumstances."

Senator COATS. Can we keep the record open for all of us to submit like documents and questions?

The CHAIRMAN. You bet, absolutely. We will keep the record open.

I must say that of the many things that impressed me, not only do you know the percentage of young teenage women who are preg-

nant, but you also know the percentage of teenagers who are going to church on Sunday. I think that is very impressive.

Senator COATS.

Those are all the questions I have, Mr. Chairman.

The CHAIRMAN. Senator Kassebaum.

Senator KASSEBAUM. I have nothing further, Mr. Chairman.

The CHAIRMAN. Senator Mikulski.

Senator MIKULSKI. No questions, Mr. Chairman.

The CHAIRMAN. I will submit my additional public health questions to you, Dr. Elders.

We have had requests for other questions and answers, and we will ask all of our colleagues to submit their questions—oh, there is one other matter that I do want to get on the record.

I have here the financial interest statement filed in 1989. This was the first year, as director of the Department of Public Health, that you were under an obligation to file it.

Dr. ELDERS. That's right.

The CHAIRMAN. That was 1989.

Dr. ELDERS. Yes, sir.

The CHAIRMAN. The 1990 statement cannot be located. You filed one in 1991, and you filed one in 1992. Is that correct?

Dr. ELDERS. That is correct.

Senator COATS. For a minute there, Mr. Chairman, I thought you had the missing 1989 statement. [Laughter.]

The CHAIRMAN. That would have been the end of the week that was.

As my final statement, I just want to thank you so much for what I think has been an extraordinary exposition on public health, and I want to say that I have the highest regard for your integrity and for your commitment and have been enormously moved by your life's experience. It will be good to have someone in the office of Surgeon General who has the breadth of experience and the deep, deep commitment that you have.

Dr. ELDERS. Thank you, Senator.

The CHAIRMAN. We will keep the record open for questions through Monday at 6, when all the questions should be in.

Senator KASSEBAUM. Mr. Chairman, I would just say that because Senator Gregg is in his home State over the weekend, he said he would have them ready for submission early next week. I think—

The CHAIRMAN. How about Monday at 6?

Senator KASSEBAUM. I think we'd better allow a couple days.

The CHAIRMAN. Well, this has been ongoing, and we want to try to accommodate everyone. Let's have the questions in by Tuesday noon. I think there is no reason—the Senate is in session all day Monday, so let's have the questions in by Tuesday noon, and the record will remain open until we have the responses to those questions.

We will consult with the members of the committee, but we are going to schedule a time for the consideration of the nomination for Friday, a week from today. We will be in session then.

We want to thank you very, very much.

Dr. ELDERS. Thank you, Senator.

APPENDIX

STATEMENT FOR COMPLETION BY PRESIDENTIAL NOMINEES

PART I: ALL THE INFORMATION IN THIS PART WILL BE MADE PUBLIC

Name: Elders Minnie JoycelynPosition to which nominated: Surgeon General Date of nomination: _____Date of birth: August 13, 1933 Place of birth: Schaal, ArkansasMarital status: Married Full name of spouse: Oliver B. Elders, Jr.Name and ages of children: Eric D. Elders, 30Kevin M. Elders, 28

| Education: | Institution | Dates attended | Degrees received | Dates of degrees |
|------------|-----------------------------------|------------------|---------------------------|------------------|
| | <u>Philander Smith College</u> | <u>1949-1952</u> | <u>B.A.</u> | <u>May 1952</u> |
| | <u>Brooke Army Medical Center</u> | <u>1953-1956</u> | <u>R.P.T.</u> | <u>1956</u> |
| | <u>UofA Medical School</u> | <u>1956-1960</u> | <u>M.D.</u> | <u>1960</u> |
| | <u>UofMinn.</u> | <u>1960-1961</u> | <u>Ped. Intern.</u> | <u>1961</u> |
| | <u>UofA Medical Center</u> | <u>1961-1964</u> | <u>Ped. Resd.</u> | <u>1964</u> |
| | <u>UofA Medical Center</u> | <u>1965-1967</u> | <u>M.S.</u> (Biochem.) | <u>1967</u> |

Honors and awards: List below all scholarships, fellowships, honorary degrees, military medals, honorary society memberships, and any other special recognitions for outstanding service or achievement.

See Attachment A.

Memberships: List below all memberships and offices held in professional, fraternal, business, scholarly, civic, charitable and other organizations for the last five years and any other prior memberships or offices you consider relevant.

See Attachment B.

| Organization | Office held (if any) | Dates |
|--------------|----------------------|-------|
| | | |

Employment record: List below all positions held since college, including the title or description of job, name of employer, location of work, and dates of inclusive employment.

U.S. Army, 1st Lieutenant, Brooke Army Medical Center-1953-1956(M.S. (Bioc Intern in Pediatrics, University of Minnesota Hospital, Minneapolis-1960-1961 Resident in Pediatrics

U. of AR Medical Center, Little Rock-1961-1963

Chief Resident in Pediatrics, U. of AR Medical Center, Little Rock-1963-1964

Research Fellow in Pediatrics, U. of AR Medical Center, Little Rock-1964-1967

Assistant Professor in Pediatrics, U. of AR Medical Center, Little Rock-1967-1971

Associate Professor in Pediatrics, U. of AR Medical Center, Little Rock-1971-1976

Professor in Pediatrics, U. of AR Medical Center, Little Rock-1976-Present

Director, Arkansas Department of Health, Little Rock, AR-1987-Present

Government
experience:

List any advisory, consultative, honorary or other part-time service or positions with Federal, State, or local governments other than those listed above.

National Advisory Commission on Rural Health 1991 - Present
Secretary's Advisory Committee for Infant Mortality 1991 - Present
Office of Technology Assessment-Health Ins. Ad. Com. 1991 - Present
Bumao Embryology & Development Study Section-DHEW NIB 1976-1980
National Advisory Food & Drug Committee-DHEW FDA 1977-1980
Maternal & Child Health Research Committee-DHEW NIB 1981-1985
Arkansas Science & Technology Commission (Secretary) 1975-1976
Governor's Commission on the Status of Women 1972
Arkansas Economic Development Commission 1975-1980
North Little Rock Civil Service Commission 1973-1975

Published
writings:

List the titles, publishers and dates of books, articles, reports or other published materials you have written.

See Attachment C.

Political
affiliations
and activities:

List all memberships and offices held in or financial contributions and services rendered to all political parties or election committees during the last five years.

Irma Hunter Brown Campaign for State Representative

\$100 contribution, August 1990

Irma Hunter Brown Campaign for State Representative

\$100 contribution, August 1992

Jay Bradford Campaign for State Senate

\$100 contribution, April 1990

Clinton for President

\$1000 contribution, August '92

Speaker at Democratic National Committee meeting
 NY, NY August '92

Future employment
relationships:

1. Indicate whether you will sever all connections with your present employer, business firm, association or organization if you are confirmed by the Senate.

No. I will be on leave of absence without pay from the University of Arkansas School of Medicine for two years, to be extended each year at the wishes of the Board of Trustees.

2. State whether you have any plans after completing government service to resume employment, affiliation or practice with your previous employer, business firm, association or organization.

Yes.

3. Has a commitment been made to you for employment after you leave Federal service?

Yes, as explained above.

4. Do you intend to serve the full term for which you have been appointed or until the next Presidential election, whichever is applicable?

Yes.

Potential conflicts
of interest:

1. Describe any financial arrangements, deferred compensation agreements or other continuing financial, business or professional dealings with business associates, clients or customers who will be affected by policies which you will influence in the position to which you have been nominated.

I will be on a leave of absence without pay from the University
of Arkansas School of Medicine.

2. List any investments, obligations, liabilities, or other financial relationships which constitute potential conflicts of interest with the position to which you have been nominated.

None.

3. Describe any business relationship, dealing or financial transaction which you have had during the last five years whether for yourself, on behalf of a client, or acting as an agent, that constitutes a potential conflict of interest with the position to which you have been nominated.

None.

4. List any lobbying activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat or modification of any Federal legislation or of affecting the administration and execution of Federal law or policy.

See list on Page 5a.

5. Explain how you will resolve any potential conflict of interest that may be disclosed by your responses to the above items.

N/A

Testimony on Federal Issues

| | |
|---------------|---|
| June 1988 | U.S. Senate Committee on Health Problems of the Lower Mississippi Delta Region |
| March 1989 | Delta Commission- chaired by Governor Clinton |
| April 1989 | Committee on Labor and Human Resources re: Rules and regulations on abortion clinics |
| August 1990 | Special Commission on Aging (Wash. D.C.) Aging Subcommittee (Pine Bluff, AR) re: Rural Health and Elderly |
| June 1991 | Senate Appropriation Committee, Subcommittee on Labor, Health and Human Services re: Immunizations National Governor's Committee on Health Care Access re: Access for Children and Adolescents |
| July 1992 | U.S. Senate Committee on Labor and Human Resources (written testimony submitted) re: School Based Health Clinics |
| November 1992 | National Commission on AIDS (in capacity as ASTHO President) Joint Economic Commission, Subcommittee on Education and Health re: Social Cost of Teenage Pregnancy |

-5a-

ATTACHMENT A

HONORARY DEGREES

Philander Smith College - Little Rock, AR
Doctor of Science
1989

Connecticut College
Doctor of Science
1990

Hendrix College - Conway, AR
Doctor of Laws
1990

Yale University - Connecticut
Doctor of Science
1992

Lemoyne Christian College - Memphis, TN
Doctor of Science
1993

Moorehouse College of Medicine
Doctor of Science
1993

University of Minnesota
Doctor of Science
1993

HONORS AND AWARDS

Alvin C. Ehrlich Award (Academy of Educational Development) 1993
(donated to Philander Smith College scholarship fund)

National Coalition of 100 Black Women's Candace Award for Health Science 1991

Chicago's De Lee Humanitarian Award 1991

American Medical Association Nathan Davis Award 1990

Southern Health Association Charles Jordan Award 1990

National Education Association Mary Futrell Award for Creative Leadership in Women's Rights 1990

AMA National Congress on Adolescent Health Award for Outstanding Efforts on Behalf of America's Youth 1990

National Governor's Association Distinguished Service Award 1989

Arkansas Democrat's Woman of the Year 1988

Worthen Bank's Arkansas Professional Women of Distinction Award 1987

"Horizons" 100 Outstanding Women of Arkansas 1980

Distinguished Women in Arkansas 1975

Personalities of the South 1972-1975

Alpha Omega Alpha 1972

USPHS Career Development Award 1967-1972

USPHS Postdoctoral Research Fellow 1964

B.S. Magna Cum Laude - Philander Smith College-1952

Alpha Kappa Mu National Honor Society 1951

Alumni Academic Scholarship - Philander Smith College 1949-1952

ATTACHMENT B

MEMBERSHIPS

Association of State & Territorial Health Officers (ASTHO) 1987 - present, President 1992-present

Academy of Pediatrics - Council on Government Affairs 1991 - 1992 (Advisory status at present)

Southern Regional Education Board (SREB) 1991-present

Alan Guttmacher Institute Board 1991 - present

Robert Wood Johnson Generalist Physician Initiative Advisory Commission 1992 - present

Journal of Pediatrics (Editorial Board) 1991 - present

Sigma Xi President 1978-1979

Delta Sigma Theta Sorority

American Association for the Advancement of Science 1969-1977

Southern Society for Pediatric Research President 1979-1980

Day Care & Child Development Council of America 1972

Lawson Wilkins Endocrine Society Membership Chair 1976 Director 1985-1989

National Pituitary Agency 1977 - 1980

Human Growth Foundation 1974-1978

American Board of Pediatrics
 Examiner, Endocrinology
 1987-1989

Central Arkansas Academy of Pediatrics
 American Diabetes Association
 Academy of Pediatrics

North Little Rock Workman's Compensation Committee
 1975-1979

Elizabeth Mitchell Children's Home (Board)
 1971-1973

Youth Homes, Inc. (Board)
 1973-1975

United Cerebral Palsy Assoc. of AR (Board)
 1971-1973

Volunteers in Public Schools
 1973

Northside YMCA (Board)
 1973-present

Central AR National Foundation Med. Advis. Com.
 1975-present

Arkansas Women's Political Caucus
 1975

Arkansas Diabetes Association
 National Bank of Arkansas (Board)
 1978-1989

Little Rock Chamber of Commerce (Board)
 1980 - present

Little Rock Rotary Club
 1989-present

Paul Harris Fellow - 1991

Arkansas College Board
 1992-present

ATTACHMENT C

PUBLICATIONS

1. Elders, M.J.: Prevention of wasting disease in thymectomized mice by pregnancy. *So. Med. J.* 58:1586, 1965
2. Elders, M.J. and Knicker, W.T.: Biological role of fetal thymic hormone. *J. Pediatric* 69:955, 1966
3. Hughes, E.R., Elders, M.J., and McNatt, L.M.: Mitochondrial manganese. *Fed. Proc.* 25:357, 1966.
4. Elders, M.J., and Hughes, E.R.: Rupture of the stomach. Clinical and experimental study. *J. Lancet* 86:104, 1966.
5. Elders, M.J.: The effect of BAPN on mucopolysaccharide biosynthesis in chick embryos. A thesis submitted for Master of Science Degree, Department of Biochemistry University of Arkansas, 1967.
6. Elders, M.J., Smith, J.D., Hughes, E.R., Smith, W.G., Inhibition of mucopolysaccharide synthesis by a lathrogen. *Fed. roc.* 26:857, 1967.
7. Harvey, J.D., Dungan, W.T., and Elders, M.J.: Developmental interaction between the lymphoreticular and cardiovascular systems. *So. Med. J.* 50:1359, 1967.
8. Elders, M.J., Parham, B.A., and Hughes, E.R.: Prevention of wasting disease by pregnancy associated with hypertrophy of the fetal thymus. *J. Exper. Med.* 26:649, 1963.
9. Elders, M.J., Fiser, P.M., Smith, W.G., and Hughes, E.R.: A biochemical lesion in cartilage from lathyrin chicks. *So. Med. J.* 61:132, 1969
10. Elders, M.J., F.E. Wright and E.R. Hughes: Manganese metabolism in the developing chick. 28:300, 1969.
11. Hughes, E.R., M.J. Elders, and B.S. Wingfield: Glucocorticoids and muscle calcium. *Fed. Proc.* 28:367, 1969.
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National Association of Social Workers

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July 14 1993

Honorable Edward M. Kennedy
United States Senate
Washington, DC 20510-2101

Dear Senator Kennedy:

As you begin consideration of the nomination of Dr. Joycelyn Elders to become the Surgeon General of the United States, I, on behalf of 145,000 members of the National Association of Social Workers (NASW), urge you to support her nomination.

Dr. Elders is one of the country's most creditable public health officials and she has dedicated her life to addressing public health issues and the needs of children.

As social workers who are on the front lines of the human service delivery system, NASW members are all too aware of the need to address the country's human needs deficit, particularly those of children. Our members understand that as the "doctor to the nation," the Surgeon General has a unique opportunity to bring high visibility to such critical issues. We believe Dr. Elders is qualified and determined to do just that.

Dr. Elders has fought for preventative health care services like childhood immunization, expanded childhood health screenings, and education programs for children that focus on the dangers of drugs, HIV infection and violent behavior. She has the courage to speak her mind based on a tremendous record of achievement and personal conviction. As a pro-child advocate, Dr. Elders has stated that, "...you can't educate children if they are not healthy and you can't keep them healthy if they are not educated..."

NASW looks forward to your leadership to insure that the framework and scope of the debate on the nomination of Dr. Elders remains focused, as it should be, on her personal integrity, her competence, credentials and her pursuit of sound public health policy.

Sincerely,

Sheldon R. Goldstein, ACSW, LISW

Executive Director



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the General Counsel
Washington, D.C. 20201

The Honorable Senator Edward M. Kennedy,
Chairman
Committee on Labor and Human Resources
United States Senate
Washington, DC 20510-6100

July 17, 1993

RE: M. Joycelyn Elders, M.D.

Dear Senator Kennedy:

I am a career member of the Senior Executive Service and have been the Designated Agency Ethics Official for the Department of Health and Human Services (HHS) for the past three years. Prior to that, I served as Deputy General Counsel at the Department of Energy for approximately four years and supervised the ethics function in that Department as well. I therefore have a close working familiarity with the practices of two Cabinet Departments with respect to incoming Presidential appointees in the Reagan, Bush and Clinton Administrations.

It is to my knowledge common practice throughout the Executive Branch for incoming Presidential appointees to retain their former positions until such time as they are confirmed by the Senate.

Prior to confirmation, such nominees may, however, legally join the Department in an intermittent consultant capacity. Moreover, from the perspective of Federal law, there is no impediment to the receipt of payments by an intermittent consultant from that person's current non-Federal employer, for as long as that person remains a special Government employee (SGE).

In the Executive Branch of the United States Government, the primary prohibition against supplementation of outside income is 18 U.S.C. Section 209. By its terms, Section 209 "does not apply to a special Government employee" and is thus inapplicable to all of the many intermittent consultants who serve the Federal Government. (It would be difficult, if not impossible, for example, to persuade tenured members of academic faculties ever to serve as intermittent consultants if such brief Federal service required them to resign from their academic positions.)

18 U.S.C. Section 202(a) defines a "special Government employee" as an employee retained to perform "temporary duties either on a full-time or intermittent basis" for a period "not to exceed one hundred and thirty days during any period of three hundred and sixty-five consecutive days." M. Joycelyn Elders, M.D., began service as a consultant (SGE) to HHS on April 18, 1993, on approximately a two day a week basis until July 6, 1993, when she began working for HHS on approximately a five day a week basis. As of this date, she has been employed as an SGE for approximately 30 workdays, well below the legal limit of 110.

I stand ready to answer any further questions at any time with respect to this matter. If I may be of further assistance, please do not hesitate to contact me at (202) 690-7288.

An identical letter has been addressed to the Ranking Minority Member.

Sincerely,

Jack H. Kress
Special Counsel for Ethics and
Designated Agency Ethics Official

11 WOFFORD REVIEW

Worthy Of Western Pennsylvania

WEDNESDAY, JULY 27, 1993

For surgeon general

The nomination of Dr. Joycelyn Elders to be U.S. surgeon general has created much ado about philosophy and ethics; little about qualifications. Let's look behind the rhetoric.

She is a pre-eminent pediatrician, former medical school faculty member and the author of numerous studies on pediatric endocrinology. As head of the Arkansas Department of Health, she was an able administrator who, according to *Congressional Quarterly*, established 26 school-based health clinics offering a range of services from immunization to birth control.

And, she is an advocate of preventive medicine, a health-care attitude embraced by many for its cost-cutting potential as well as its social enlightenment.

Yet it is her outspokenness — not to mention her advocacy of abortion rights, sex education and distribution of condoms in public schools — that has put many in Congress in a funk.

Certainly, such views deserve scrutiny. But when last we looked, it was still the prerogative of the president — not the Congress — to nominate qualified individuals for top posts within the administration. It's the duty of the Senate to weigh those qualifications; then either confirm or reject the nomination.

Nowhere in the political process does it say the president must nominate an individual politically acceptable on all points to all congressional actions. The key consideration here should be qualifications. And Elders is well qualified to be the nation's top doctor.

It's only natural that Bill Clinton would want a surgeon general whose views were in line with his. She would be, in effect, his voice in setting the nation's health policy.

True, questions have been raised about the 59-year-old doctor's financial dealings — her role on an Arkansas bank board, her family's taxes and her continued acceptance (until Sunday) of her state salary while drawing a federal consulting fee.

Up to now, however, the criticism of Dr. Elders has been based on allegations more than facts; as such, they should have little bearing on the question of her service as a surgeon general.

In this case, medical background and performance should be the determining factors in the nomination of Dr. Elders, as well as her confirmation.

She is qualified to be the U.S. surgeon general on both counts. The Senate should confirm her.

*M. Joycelyn Elders, M.D.
810 Marcia Cove
Little Rock, Arkansas 72206*

July 22, 1993

The Honorable Edward M. Kennedy
Chairman
Senate Labor & Human
Resources Committee
315 Russell
United States Senate
Washington, D.C. 20510

The Honorable Nancy Landon Kassebaum
Ranking Minority Member
Senate Labor & Human
Resources Committee
302 Russell
United States Senate
Washington, D. C. 20510

Dear Senators Kennedy and Kassebaum:

I write in response to your request for answers to the following questions concerning the National Bank of Arkansas.

I welcome the opportunity to address these issues in response to your questions, and remain available to answer questions from the senators at the hearing as well.

QUESTION 1:

Was the National Bank of Arkansas ("NBA") ever subject to a formal enforcement action under 12 U.S.C. Section 1818?

ANSWER:

The NBA was subject to a formal enforcement action under 12 U.S.C. Section 1818 in the form of a formal written agreement between the Comptroller of the Currency and the Board of Directors of the bank.

QUESTION 2:

Did an Office of the Comptroller of the Currency ("OCC") examination report find that any directors of the NBA engaged in practices that violated national banking laws regarding either safety and soundness or criminal activity?

ANSWER:

I was briefed at Board meetings on the contents of examination reports by the OCC and the President of the Board. I was advised that all directors were cited in examination reports as having violated national banking laws and safety and soundness laws relating to their failure properly to supervise bank management. I was advised that the examination reports did not find their activity to be criminal.

QUESTION 3:

Did any directors of the NBA, including yourself, receive letters of reprimand from the OCC?

ANSWER:

I received a letter of reprimand solely in my capacity as a member of the Board of Directors of NBA. I believe that other directors who served on the Board also received letters of reprimand.

QUESTION 4:

Was any of your conduct cited specifically in any examination report?

ANSWER:

I believe that no conduct in which I personally engaged was ever cited specifically in any examination report.

QUESTION 5:

Were the directors ever informed by examiners that the bank management was engaging or had engaged in unsafe and unsound banking activities or violations of national banking laws?

ANSWER:

As a result of the examination reports, Board directors were informed that bank management had engaged in unsafe and unsound banking practices which were in violation of national banking laws.

QUESTION 6:

Did the directors take action to reasonably ensure that the activities cited in the OCC reports would not continue?

ANSWER:

I believe that although the examiners acknowledged that remedial actions were taken, the examiners did not view those actions as sufficient to correct the activities of bank management. Thus, a letter of reprimand was issued by the OCC to me and the other directors.

QUESTION 7:

Are you the target of further investigation?

ANSWER:

I believe that I am not the target of any further investigation.

QUESTION 8:

Did the Board grant each director a \$200,000 extension of credit?

ANSWER:

The minutes of the Board of Directors meetings indicate that the directors were given an extension of credit up to \$230,000. This extension of credit was not construed by me as "automatic loan approval" in that each loan was subject to the usual bank policies and procedures applied for by anyone else. I abstained from the Board vote granting me this extension of credit.

QUESTION 9:

If the directors received such an extension of credit, was this decision ever cited or criticized by the banking examiners?

ANSWER:

No.

QUESTION 10:

Did you ever borrow money from the NBA during the time you were a member of the Board?

ANSWER:

Yes.

QUESTION 11:

What was the purpose of (each) such loan?

ANSWER:

I borrowed from the bank on various occasions under terms and conditions available to other borrowers. The purpose of the loans was primarily for commercial ventures, including the purchase of real estate.

QUESTION 12:

Did you ever borrow any money from the bank at preferential rates not offered to other borrowers during the time you were a member of the Board?

ANSWER:

No.

QUESTION 13:

Did you recuse yourself from discussion or approval by the Board of any loan you had requested?

ANSWER:

I recused myself from voting on the extension of credit by the other members of the Board of Directors to myself.

QUESTION 14:

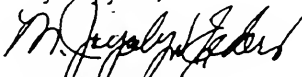
Does the Comptroller of the Currency have to approve or sign off on any settlement agreement involving litigation alleging violations of federal banking laws?

ANSWER:

Not to my knowledge.

I hope that the above responds to your questions in this area.

Very truly yours,



M. Joycelyn Elders, M.D.

American Medical Association

Physicians and Dentists of America

James S. Todd, MD
Executive Vice President415 North State Street
Chicago, Illinois 60610312 361-7000
312 361-4244 Fax

July 9, 1993

The Honorable Edward M. Kennedy
United States Senate
315 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Kennedy:

On behalf of the American Medical Association (AMA), I would like to enthusiastically endorse the nomination of M. Joycelyn Elders, M.D. for the position of Surgeon General of the United States Public Health Service.

The Surgeon General presently serves as an advocate for the public and an advisor to the nation on matters of public health. In recent years, the role of the Surgeon General has greatly expanded. The Surgeon General has the opportunity to educate both the public and policy makers on critical health issues such as AIDS, smoking, immunization, violence, nutrition, and disease prevention.

In many ways, Dr. Elders, a pediatric endocrinologist, has trained extensively to fill the role of Surgeon General. As a pediatrician, Dr. Elders protected and cared for the nation's most vulnerable population, its youth. In 1937, then-Governor Bill Clinton appointed Dr. Elders to position of Director of the Arkansas Department of Health. During her tenure, Dr. Elders worked extensively to promote many public health issues, including greater immunization rates in preschool children, expanded services for pregnant women, increased AIDS testing and counseling, and improved access to health care providers in rural and underserved areas. In this position, Dr. Elders has provided exceptional leadership as an advocate for the health concerns of the public.

For her contributions to public health, Dr. Elders has earned numerous awards, including the AMA's 1990 Nathan Davis Award and the AMA's 1990 National Congress on Adolescent Health Award for Outstanding Efforts on Behalf of America's Youth. She currently serves as President for the Association of State and Territorial Health Officers. Dr. Elders is a graduate of Philander Smith College in Little Rock and the University of Arkansas Medical School.

Dr. Elders brings the requisite experience, knowledge and commitment to provide leadership as Surgeon General. The nation would be well served by her appointment to this critical position in the Clinton Administration. The AMA appreciates the opportunity to convey our full support for Dr. Elders and to urge you to confirm her to the position of Surgeon General. We look forward to working with Dr. Elders in the future.

Sincerely,



James S. Todd, MD

NATIONAL ENDORSEMENTS FOR DR. ELDERS
as of 27 July 1993 (12.00 pm)

9 to 5

A. Phillip Randolph Institute
 ActionAIDS
 Adolescent AIDS Program
 AIDS Action Council
 AIDS National Interfaith Network
 Alan Guttmacher Institute
 Alliance for Young Families
 Alliance to End Childhood Lead Poisoning
 Alpha Phi Alpha Fraternity, Inc.
 Ambulatory Pediatric Association
 Ambulatory Pediatrics Association
 American Academy of Child and Adolescent Psychiatry
 American Academy of Family Physicians
 American Academy of Pediatrics
 American Association for World Health
 American Association of Black Cardiologists
 American Association of Dental Schools
 American Association of Medical Schools
 American Association of School Administrators
 American Association of Sex Educators, Counselors, and Therapists
 American Association of University Women
 American Cancer Society
 American Civil Liberties Union
 American College Health Association
 American College of Obstetricians and Gynecologists
 American College of Physicians
 American College of Preventive Medicine
 American Cyanamid Company (Lederle Laboratories)
 American Dietetic Association
 American Federation of Labor—Congress of Industrial Organizations
 American Federation of Teachers
 American Federation of State and County Municipal Employees, AFLCIO
 American Fertility Society
 American Foundation for AIDS Research
 American Friends Service Committee
 American Heart Association
 American Home Economics Association
 American Jewish Congress
 American Library Association
 American Lung Association
 American Medical Association
 American Medical Student's Association
 American Medical Women's Association, Inc.
 American Nurses Association
 American Occupational Therapy Association, Inc.
 American Orthopsychiatric Association
 American Pediatric Society
 American Psychiatric Association
 American Psychiatric Society
 American Psychological Association
 American Public Health Association
 American School Food Service Association
 American School Health Association
 American Schools of Public Health
 American Social Health Association
 American Society for Adolescent Psychiatry
 American Society for Clinical Nutrition
 American Society for Medical Technology
 American Society for Parenteral and Enteral Nutrition

American Society of Public Health
 Americans for Democratic Action, Inc.
 Artemis Project
 Asian American Health Forum, Inc.
 Asian/Pacific AIDS Coalition
 Asians and Pacific Islanders for Reproductive Health
 Association for the Advancement of Health Education
 Association for Vital Records and Health Statistics
 Association of American Medical Colleges
 Association of Asian/Pacific Community Health Organizations
 Association of Black Cardiologists, Inc.
 Association of Black Sociologists
 Association of Faculties of Graduate Programs in Public Health Nutrition
 Association of Junior Leagues International
 Association of Local Health Liaison Officials
 Association of Maternal and Child Health Directors
 Association of Maternal and Child Health Programs
 Association of Reproductive Health Professionals
 Association of Schools of Public Health
 Association of State/Territorial Chronic Disease Program Directors
 Association of State/Territorial Dental Directors
 Association of State/Territorial Directors of Nursing
 Association of State/Territorial Directors of Public Health Educators
 Association of State/Territorial Health Officials
 Association of State/Territorial Local Health Liaison Officials
 Association of State/Territorial Public Health Education
 Association of State/Territorial Public Health Laboratory Directors
 Association of State/Territorial Public Health Nutrition Directors
 Association of State/Territorial Public Health Social Work
 Association of the Faculties of Graduate Programs in Public Health Nutrition
 Association of Women's Health, Obstetric, and Neonatal Nurses
 Associated Group
 B'Nai B'rith Women
 B'nei B'rith
 Biotechnology Industry Organization
 Black Leadership Forum
 Black Women's Agenda, Inc.
 Business and Professional Women/USA
 Campaign for Fairness
 Campaign for Women's Health
 Catholics for Free Choice
 Catholics Speak Out
 Center for Population Options
 Center for Reproductive Law and Policy
 Center for Science in the Public Interest
 Center for Women Policy Studies
 Child Welfare League of America
 Children and Youth 2000
 Church Association for Community Services
 Church Women United
 Citizen Action
 Clinical Directors Network Region II, Inc.
 Coalition for Nutrition Services in Health Care Reform
 Coalition for School-Based Primary Care
 Coalition of 100 Black Women
 Coalition of Black Trade Unionists
 Consumer Federation of America
 Coalition of Labor Union Women
 Coalition on Smoking OR Health
 Commission on Pan-Methodist Cooperation
 Commissioned Officers Association of U.S. Public Health Service
 Committee for Education Funding
 Congressional Black Caucus

Congressional Caucus for Women's Issues
 Consumer Federal of America
 Consumer Federation of America
 Council for State and Territorial Epidemiologists
 Council of Chief State School Officers
 Council of Great City Schools
 Council of State/Territorial Epidemiologists
 Council of the Great City Schools
 Delta Sigma Theta Sorority, Inc.
 Doctors Ought to Care
 Drug, Hospital, and Health Care Employees Union
 Education/Training/Research Associates
 Environmental Defense Fund
 Family Planning Center, Inc.
 Food Research and Action Center
 Fund for the Feminist Majority
 Funders Concerned about AIDS
 Girls, Inc.
 Harvard School of Public Health
 Health Policy Institute
 Hetrick-Martin Institute for Gay and Lesbian Youth
 Hispanic Nurses Association
 Human Rights Campaign Fund
 ILGWU
 Institution for Advanced Study of Human Sexuality Alumni Association
 International Coalition of Women Physicians, Inc.
 Japanese American Citizens League
 Juvenile Diabetes Foundation International
 Kappa Alpha Psi Fraternity, Inc.
 Large Council Executive Director's Association
 Legal Defense and Education Fund
 March of Dimes, Birth Defects Foundation
 Martin Luther King Center for Nonviolent Social Change
 Maternal & Child Health Institute
 Maternal and Child Health Institute (Atlanta)
 Mexican American Women's National Association
 Minority Cardiovascular Disease Prevention Task Force
 Ms. Foundation for Women
 NAACP
 NAACP (Little Rock)
 NAACP Legal Defense Fund
 National Abortion Federation
 National Abortion Rights Action League
 National Alliance of State and Territorial AIDS Directors
 National Assembly of State Arts Agencies
 National Association of Secondary School Principals
 National Association for Equal Opportunity in Higher Education
 National Association for Sickle Cell Disease
 National Association of Black Psychologists
 National Association of Children's Hospitals and Related Institutions, Inc.
 National Association of Community Health Centers
 National Association of County Health Officials
 National Association of Ecumenical Staff
 National Association of Elementary School Principals
 National Association of Health Services Executives
 National Association of Labor Workers
 National Association of Pediatric Nurses and Practitioners
 National Association of People with AIDS
 National Association of Protection and Advocacy Systems
 National Association of School Nurses
 National Association of Secondary School Principals
 National Association of Social Workers
 National Association of State Alcohol and Drug Abuse Directors, Inc.
 National Association of State Boards of Education

National Association of WIC Directors
National Black Caucus of State Legislators
National Black Child Development Institute
National Black Nurses Association (40 letters)
National Black Women's Health Project
National Catholic AIDS Network
National Caucus and Center on Black Aged, Inc.
National Coalition to Support Sexuality Education
National Committee on Pay Equity
National Community AIDS Partnership
National Consumers League
National Council of Jewish Women
National Council of Negro Women
National Council of Senior Citizens
National Council on Alcoholism and Drug Dependence, Inc.
National Council on Family Relations
National Education Association
National Education Association Health Information Network
National Environmental Health Association
National Episcopal AIDS Coalition
National Family Planning and Reproductive Health Association
National Federation of Business and Professional Women's Clubs, Inc.
National Foundation for Infectious Diseases
National Gay and Lesbian Task Force
National Jewish Democratic Council
National Lawyers Guild
National Leadership Coalition on AIDS
National Lesbian and Gay Health Foundation
National Medical Association
National Medical Political Action Committee
National Minority AIDS Council
National Multiple Sclerosis Association
National Native American AIDS Prevention Center
National Network of Runaway and Youth Services
National Network of Runaway Services
National Organization of Women (NOW)
National Organization of Women Legal Defense and Education Fund
National Organization on Adolescent Pregnancy, Parenting, and Prevention
National Organization Responding to AIDS
National Pan Hellenic Council
National Pediatric HIV Resource Center
National Political Congress of Black Women
National Program to Prevent Unintended Pregnancy
National PTA
National Public Health Information Coalition
National Puerto Rican Coalition, Inc.
National Resources Defense Council
National Rural Health Association
National School Boards Association
National Smoking Cessation Center for African American Women
National Task Force on AIDS Prevention
National Urban Coalition
National Urban League
National WIC (Women's Infants, and Children) Directors
National Women's Law Center

National Women's Political Caucus
 Northwest AIDS Foundation
 Nutrition Coalition for Health Care Reform
 Older Women's League
 Omega Psi Phi Fraternity, Inc.
 Operation PUSH
 Organizacion Nacional de La Salud de La Mujer Latina
 Partnership for Prevention
 Pediatric AIDS Foundation
 Pension Rights Center
 People for the American Way
 Phi Beta Sigma Fraternity
 Philadelphia AIDS Coalition
 Physicians for Social Responsibility
 Planned Parenthood Federation of America
 Presbyterian Church USA
 Produce for Better Health Foundation
 Produce Marketing Association
 Public Citizen
 Public Health Foundation
 Public Health Information Services
 Public Voice for Food Policy and Health
 Religious Action Center of Reform Judaism
 Sara Lee Corporation
 Sex Information and Education Council of the U.S.
 Sigma Gamma Rho Sorority, Inc.
 Society for Adolescent Medicine
 Society for Nutrition Education
 Society for Pediatric Research
 Southern Christian Leadership Conference
 Southern Regional Project of Infant Mortality
 State Family Planning Administrators
 Therapeutic Communities of America
 Tobacco Free Heartland
 U.S. Conference of Local Health Officials
 U.S. Conference of Mayors
 UAW
 Union of American Hebrew Congregation
 Unitarian Universalist Association of Congregations
 United Church of Christ Office for Church in Society
 United Food and Commercial Workers International Union, AFL-CIO and CLC
 United Methodist Church and Society
 United Methodist Women
 Voters for Choice
 Wider Opportunities for Women, Inc. (WOW)
 Woman Activist Fund
 Women and Poverty Project
 Women's International League for Peace and Freedom
 Women's Legal Defense Fund
 World Federation of Hemophilia
 YWCA of U.S.A.
 Zero Population Growth

STATE/LOCAL ENDORSEMENTS --

100 Black Women of Long Island, Inc.
 Adolescent AIDS Program of the Montefiore Medical Center
 AIDS Project Los Angeles
 AIDS Service of Dallas
 Alabama State Nurses Association
 Alaskans/Americans Living with HIV
 Alliance for Young Families
 American Association of University Women of Maine

American Lung Association of Illinois
 Arkansas Advocates for Children and Families
 Arkansas Baptist College
 Arkansas Chapter of the Society for Public Health Education
 Arkansas Children's Hospital
 Arkansas Department of Health
 Arkansas Hospital Association
 Arkansas Medical Dental Pharmaceutical Association
 Arkansas Medical Society
 Arkansas Minority AIDS Task Force
 Arkansas Minority Health Commission
 Arkansas PTA
 Arkansas Public Health Association
 Arkansas State Board of Health
 Atlanta Neighborhood Development Partnership, Inc.
 Black Nurses' Association
 Boston Women's Health Book Collective
 Broadway Cares/Equity Fights AIDS
 Brooklyn Pediatric AIDS Network
 California Teen Pregnancy and Parenting Coalition
 Care Planned Parenthood of New York City
 Central State University of Ohio
 Chicago Area Immunization Campaign
 Chicago Public School System
 Chicago Women's AIDS Projects
 Chicano/Latino Medical Association of California
 Children's Center
 Children's Diagnostic and Treatment Center of South Florida
 Children's Hospital of Columbus, Ohio
 City of Los Angeles AIDS Coordinator
 Coalition for School-Based Primary Care
 Coalition of 100 Black Women (of metropolitan Atlanta)
 Coalition of Black Trade Unionists
 Colorado Academy of Family Physicians, Inc.
 Community Health and Education Program of the Columbia University School of
 Community Health Connection of Wilkes, Inc.; NC
 Community United Methodist Church
 Community United Methodist Church of Brighton, MA
 Council of Black Nurses of Los Angeles
 Education/Training/Research
 El Centro del Pueblo of Los Angeles
 Englewood Health Department of New Jersey
 Family Planning Center, Inc.
 Family Health Council of Central Pennsylvania
 Family Health Council of Pennsylvania
 Family Planning Advocates of New York State, Inc.
 Family Planning Association of Maine
 Family Planning Center, Inc.
 Family Planning Council of Cayuga County
 Family Planning Council of Iowa
 Family Planning Council of New Hampshire
 Family Planning Council of Southeastern Pennsylvania
 Feminist Women's Health Center of Atlanta
 Green Hills Community Action Agency --
 Harbor Sweets
 Health First
 Hollywood Women's Political Committee
 Horta Pharm B.V. of the Netherlands
 Idaho Women's Network
 Illinois Maternal and Child Health Coalition
 Johns Hopkins University School of Medicine -- Department of Pediatrics and the
 Kalamazoo AIDS Resource and Education Services
 Kansas Department of Health and Environment
 Kansas Health and Environment Chronic Disease Control Division

Legal Action Center
 Life Foundation
 Lincoln County Nursing Service
 Little Rock Black Nurses' Association
 Los Angeles Immunization Coalition
 Los Angeles Regional Family Planning Council, Inc.
 Louisiana Department of Health and Hospitals
 Louisiana Office of Public Health
 Magic Valley Citizens for Choice
 Maine Chapter of NOW
 Maine Choice Coalition
 Maine Civil Liberties Union
 Maine Women's Lobby
 Massachusetts Committee for Children and Youth
 Massachusetts Nurses Association
 Massachusetts Nutrition Board
 Massachusetts Public Health Association
 Maternal and Child Health Coalition of Nevada
 Mecklenberg Council on Adolescent Pregnancy
 Medico-Chirurgical Society
 Memphis and Shelby County Health Department
 Mercy Family Medicine Residency Program; Denver, CO
 Mercy Medical Center
 Metropolitan Washington Public Health Association
 Minority Task Force on AIDS
 Mississippi Conference on Social Welfare
 Mississippi Health Advocacy Program
 Mississippi State Department of Health
 Missouri Health Council, Inc.
 Municipality of Anchorage Department of Health and Human Services
 NAACP (Little Rock)
 National Association of Children's Hospitals and Related Institutions, Inc.
 National Association of Fashion and Accessory Designers Inc
 National Association of Negro Business and Professional Women's Clubs, Inc.
 National Coalition of 100 Black Women, Inc. of Virginia
 New Hampshire Family Planning Council
 New Jersey State School Nurses Association
 New Mexico Community Foundation
 New Mexico Department of Health
 New York City Commission on the Status of Women
 New York State Department of Health AIDS Institute
 North Carolina Coalition on Adolescent Pregnancy
 North Dakota Department of Health, Division of Health, Promotion and Education
 North Dakota State Department of Health and Consolidated Laboratories
 North Jersey Medical Society
 NOW—San Francisco Chapter
 Ogala Sioux Tribe
 Oklahoma Sooner City Alumnae Chapter
 Oregon Department of Human Resources Health Division
 Pediatric AIDS Demonstration Project for Alabama
 People with AIDS Coalition of Tucson
 Philadelphia AIDS Coalition
 Philander Smith College
 Physicians Association of Louisiana, Inc.
 Planned Parenthood of Alaska
 Planned Parenthood of Broward County, FL
 Planned Parenthood of Buffalo and Erie County
 Planned Parenthood of Chester County of Pennsylvania
 Planned Parenthood of Delaware and Otsego Counties
 Planned Parenthood of East Central Illinois
 Planned Parenthood of Essex County
 Planned Parenthood of Greater Iowa
 Planned Parenthood of Greater Kansas City

Planned Parenthood of Greater Northern New Jersey
 Planned Parenthood of Greater Western Michigan
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 Planned Parenthood of Memphis
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 Planned Parenthood of New York City
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 Planned Parenthood of Northern New York
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 Planned Parenthood of San Mateo County, CA
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 Planned Parenthood of Suffolk County
 Planned Parenthood of Summit, Portage and Medina Counties
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 Planned Parenthood of West Michigan
 Planned Parenthood of Wisconsin
 Pro-Choice Coalition of West Tennessee
 PROTOTYPES

Public Health

PWA (People with AIDS) of Jacksonville, FL
 Retired Senior Volunteer Program
 Sage United Methodist Church of Monterey Park, CA
 Shelby County Adolescent Pregnancy Prevention Council of Tennessee
 Southwestern Jefferson County Consolidated School Corporation of Indiana
 State of Alabama Department of Health
 State of Tennessee Department of Education
 State of Tennessee Department of Health
 Surry County Department of Health
 Texas Family Planning Association
 United Brotherhood of Carpenters and Joiners of America
 United Methodist Church of Harrisburg
 United Methodist Church of Little Rock
 United Methodist Church of Pine Bluff
 Upper Hudson Planned Parenthood
 Utah Public Health Association
 Violet-Cherry-Englewood Health Department, New Jersey
 Waianae Coast Comprehensive Health Center
 Washington State Department of Health
 Washington Urban League
 Women's Bar Association of Washington, D.C.
 Women's International League for Peace and Freedom

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 Sukey Wagner Iris House
 Suki Terada Ports
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 Curry County Health Department
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- Brunswick County Health Department
 The Momentum Project
- National Political Congress of Black Women
- Philadelphia AIDS Consortium
 New Mexico State Health Official
 North Carolina State Health Official
 Oregon State Health Official
 Ohio State Health Official
 Mississippi State Health Official
 Missouri State Health Official
 Iowa State Health Official
- South Carolina Department of Health and
 Environmental Control
 Utah Public Health Association
 State of Tennessee Department of Health
- Illinois State Health Official
 Lahey Clinic of Burlington, MA
 Arizona State Health Official
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 Millsaps College
 Colorado State Health Official
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 Women's Medical Center of Madison
- Kentucky State Health Official
 Louisiana State Health Official
 Maine State Health Official
 Maryland State Health Official
 Massachusetts State Health Official
 Nebraska Passt State Health Official
 Pennsylvania State Health Official
 Utah State Health Official
 Vermont State Health Official
 Virginia State Health Official
 Wyoming State Health Official
- Department of Health of New Orleans
 Tioga Opportunities Program, Inc.
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- Harvard School of Public Health
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New England Medical Center
 National Association of Children's Hospitals
 Department of Health and Environment of
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 Los Angeles Regional Family Planning Council

Commissioner of Connecticut Department of
 Public Health and Addiction Services
 Commissioner of Health of Milwaukee

Family Health Council of Central Pennsylvania
 Texas Department of Health
 The Chicano/Latino Medical Association of
 First Hospital Corporation (Virginia)
 Baylor College of Medicine/Doctors Ought To
 Kansas Department of Health and Environment
 American Lung Association of Illinois
 Circuit Judge of Little Rock

Alpha Kappa Alpha
 Hawaii State Health Official
 Parkland Memorial Hospital; Texas Board of Health

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State Health Official of South Carolina
 General Secretary, National Council of Churches
 State Health Official of Rhode Island
 State Health Official of Louisiana

Milwaukee Department of Public Health
 Community Health Center, Kansas City, MO

Children's Medical Center of Brooklyn
 Erie Medical Center

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Lakeside United Methodist Church
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The United Methodist Church

Alpha Kappa Alpha Sorority, Inc.
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Alabama State Health Official
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Georges C. Benjamin

Municipality of Anchorage Department of Health and Human Services

Municipality of Anchorage Department of Health and Human Services

Cardiology and Medicine Clinic, P.A.

University of Arkansas for Medical Services

National Association for Sickle Cell Disease, Inc.

Bishop of United Methodist Church

United Methodist Church of Methodist

Susan G. Komen Breast Cancer Foundation

American College of Physicians

Paul F. Griner, MD, FACP
President

July 12, 1993

The Honorable Edward M. Kennedy
U.S. Senate
Washington, DC 20510

Dear Senator Kennedy:

The American College of Physicians, representing more than 80,000 physicians practicing internal medicine and its subspecialties, strongly supports the confirmation of M. Joycelyn Elders, M.D., as U.S. Surgeon General.

Dr. Elders is a board-certified pediatric endocrinologist, holds a Master of Science degree in biochemistry, and is author of more than 150 scientific articles for medical publications. Prior to becoming Arkansas Director of Public Health in 1987, she served as President of the Association of State and Territorial Health Officers, and has served on numerous distinguished panels, such as the National Advisory Committee on Rural Health. She is the recipient of more than a dozen awards for her achievements, including the AMA National Congress on Adolescent Health Award, the National Education Association's Award for Creative Leadership in Women's Rights, and the National Governor's Association Distinguished Service Award.

As Director of the Arkansas Department of Health since 1987, Dr. Elders tackled difficult public health challenges and amassed a record of achievement through innovative approaches to difficult problems. She initiated a plan to expand home health care in Arkansas allowing senior citizens or medically fragile patients to remain in their communities. In 1990, Dr. Elders instituted a new born sickle cell screening program that now covers 40,000 infants. Under Dr. Elders' leadership, the number of children screened in the EPSDT program went from just over 4,000 in 1988 to over 45,000 in 1992.

One of Dr. Elders' most notable and widely praised achievements was the establishment of innovative school-based clinics in Arkansas, raising the number from one to twenty-six during her tenure. Linking public schools with the Arkansas health department, Dr. Elders was able to successfully bring to those who most needed them services that increased childhood immunization and early childhood screening and reduced teen pregnancy, substance abuse, sexual abuse, and sexually transmitted diseases.

As Surgeon General, Dr. Elders will bring new focus to health care toward health promotion and disease prevention. New initiatives are essential to control infectious diseases such as tuberculosis and measles. Health promotion is also a priority of Dr. Elders, including nutritional information, counseling on tobacco and alcohol use, and education about avoiding injury and violence. She is dedicated to making primary care available and accessible to all Americans.

The role of Surgeon General requires a forceful and resourceful advocate for health care. The College believes that Dr. Elders' record supports nomination to this key position. We encourage you to strongly support her confirmation.

Sincerely,



Paul F. Griner, MD, FACP
President

ARKANSAS PTA

State Office / 2200 N. Poplar / N. Little Rock, AR 72114 / (501) 753-5247

State President: Don Johnson
4312 Atchison, Springdale, AR 72764
Phone (501): h) 751-0601
b) 750-8850

July 1993

The Honorable Bill Clinton
President of the United States
1600 Pennsylvania Avenue
Washington DC, 20500

Dear President Clinton,

In keeping with PTA's non-partisan policy, Arkansas PTA strongly supports Dr. Joycelyn Elders efforts on behalf of the health and welfare of all children.

During Dr. Elders tenure as Arkansas State Health Director, she was instrumental in the passage of many legislative issues supported by the National PTA such as the School Based Health Clinics. These clinics provide services to many children who, otherwise, would be denied services such as family planning, periodic early health screening, diagnosis, and treatment.

In 1991, Dr. Elders worked tirelessly, not only during her business hours but during her personal time as well, along with the many hours of her staff, in the testing for and educating the public about the current dangers of lead poisoning in preschool and school aged children. The immunization of children continues to be an on going personal battle of hers, which is another issue that is close to the heart of PTA.

During the 1992 Legislative Session of the Arkansas General Assembly, Dr. Elders, along with the Arkansas PTA, formed a coalition to increase the sales tax on cigarettes with the majority of the funds to be designated for children's health services.

Dr. Elders is a tireless advocate for all health issues, especially those relating to children. One of her famous quotes is, "All children are at risk of becoming members of the S-H Club, that is homeless, hopeless, hungry, helpless, and hugless." It is up to us to put in place those measures that will void that membership forever.

Because of Dr. Elders devotion and commitment to children, Arkansas PTA bestowed upon her the highest honor PTA can award, an Honorary Life Membership in Arkansas PTA. Joycelyn Elders truly cares for children. It is not out of the ordinary for her to drive for hours to visit with a teenage mother concerning the health of the mother and/or her child.

We have been privileged to have had the opportunity to have worked with Dr. Elders and we continue to applaud her efforts. We, sincerely, hope that Dr. Joycelyn Elders receives the necessary support to become Surgeon General of the United States.

Sincerely,



Don Johnson, President
Arkansas PTA

cc: Office of Governmental Relations
National PTA



CHILD WELFARE LEAGUE OF AMERICA, INC.

440 First Street, NW, Suite 310, Washington, DC 20001-2085 • 202/638-2952 • FAX 202/638-4004

July 8, 1993

*Support for
Elders
Sur Gen.*

The Honorable Edward Kennedy, Chairman
Committee on Labor and Human Resources
U.S. Senate
Washington DC 20510

Dear Mr. Chairman:

Please accept my enthusiastic recommendation of Dr. M. Joycelyn Elders for the position of Surgeon General of the United States. From my perspective, Dr. Elders is the ideal candidate for this position.

Throughout her long and distinguished career as a physician, public servant, and children's advocate, Dr. Elders has demonstrated an unwavering commitment to the welfare of children, youth, and families. Her work as Professor in Pediatrics at the University of Arkansas Medical Center indicates both a profound concern for, and extensive knowledge of, the health needs of the nation's children.

She also brings outstanding public leadership credentials to this position. As director of the Arkansas State Health Department since 1987, she has helped to raise the immunization rates of pre-school children in the state. Her programs have also led to a reduction in infant mortality and the rate of increase in teenage pregnancy. Dr. Elders' service on several national health commissions, including the Secretary's Advisory Committee for Infant Mortality, means that she will bring a broad national perspective to the Surgeon General's post.

In addition, her impressive record of civic service, which includes terms as a board member of the Elizabeth Mitchell Children's Home and Youth Homes Inc. demonstrates her knowledge of the needs of vulnerable and at-risk children and families.

Dr. Elders will make a superb advocate for the health of our nation's children and for enduring changes to improve the western of all Americans. I heartily endorse her nomination.

Sincerely,

David
David S. Liederman
Executive Director

cc: Members of the Senate Committee on Labor and Human Resources

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Sandra G. South
Director

Dr. Elders graduated from Philander Smith College in Little Rock. She then served as physical therapist in the Army before earning her medical degree, and a Masters Degree in biochemistry, from the University of Arkansas School of Medicine. Dr. Elders then trained in pediatrics at the University of Minnesota hospitals and became chief pediatric resident at the University Hospital in 1961. For the next 20 years, Dr. Elders combined research in pediatric endocrinology with a university clinical practice that specialized in the treatment of juvenile diabetes.

Dr. Elders believes that discussions of "public health" must include everything from the impact of poverty, the plague of violence, medical assistance to the elderly, nutrition, preventive medicine and treatment of disease. In her capacity as director of public health in Arkansas, Dr. Elders has already battled right-wing forces who opposed her efforts to combat AIDS, child sex abuse, and adolescent pregnancy through public education. These groups became particularly angry over her attempts to reduce teen pregnancy and combat AIDS through school-based clinics and education in public schools. Though personally opposed to abortion, Dr. Elders is pro-choice.

Dr. Elders' life and career have enabled her to appreciate the harsh realities of health problems in the African American community, and have led her to tackle hard issues with vigor. The African American community cannot afford to lose the important opportunity to have Dr. Joycelyn Elders as our nation's Surgeon General. We need to have a Surgeon General who is not afraid to speak candidly about the difficult health care problems facing the nation.

The NAACP must urge Senators to confirm Dr. Elders as U.S. Surgeon General. Senator Edward (Ted) Kennedy, Chairman of the Committee on Labor and Human Resources, has voiced his support for Dr. Elders and will prove helpful in guiding her nomination through the confirmation hearings. Dr. Elders' confirmation hearing has been set for Friday, July 16, 1993.

The NAACP must show a strong, independent voice in support of Dr. Elders. The African American community, and this country as a whole, needs both her medical experience and willingness to confront some of the most distressing health problems of our times.

March of Dimes
Birth Defects Foundation
National Government Affairs Office
1801 L Street, N.W., Suite 760
Washington, DC 20036
Telephone 202 658 1800
Fax 202 296 2964



July 14, 1993

The Honorable Edward M. Kennedy
Chairman
Labor and Human Resources Committee
U.S. Senate
Washington, D.C. 20510

Dear Mr. Chairman:

The March of Dimes Birth Defects Foundation greatly appreciates your enthusiastic endorsement of Joycelyn Elders, M.D. for U.S. Surgeon General. As a pediatrician and a leader in public health, Dr. Elders has been a strong advocate for improving the health of mothers and babies. Your leadership will be key in securing her confirmation.

In her capacity as the director of the Arkansas State Health Department, Dr. Elders has supported and worked jointly with the March of Dimes in our Campaign for Healthy Babies. She has also helped raise the immunization rates of pre-school children in the state and has been instrumental in attracting more health professionals to serve pregnant women and children in the underserved rural areas. Furthermore, she has forged important linkages between the education and health communities to encourage comprehensive school health education and to promote the healthy development of our nation's youth.

The March of Dimes believes that the confirmation of Dr. Elders as U.S. Surgeon General will help ensure that preventive and primary health for mothers and babies is a priority of this nation. Again, I thank you for your efforts in support of her confirmation.

Sincerely,



Dr. Jennifer L. Howse
President



THE ASSOCIATION OF JUNIOR LEAGUES INTERNATIONAL, INC.

July 8, 1993

President William Jefferson Clinton
The White House
Washington, DC 20500

Dear President Clinton,

On behalf of the Association of Junior Leagues International (AJLI) it is with great pleasure we add our support for the nomination of Dr. Jocelya Elders to the position of U.S. Surgeon General. Through her work as the Director of the Arkansas Department of Health, we have experienced first hand Dr. Elder's vision, compassion, commitment and the difference she has made in the lives of children throughout Arkansas.

The Association of Junior Leagues International is an organization of women committed to promoting voluntarism and to improving the community through the effective action and leadership of trained volunteers. Representing 190,000 women in 283 Junior Leagues, AJLI has over ninety years of experience in working to ensure the adequate health of all children, youth, and pregnant women. In 1991, the Association's Board of Director's adopted Child Health as a priority, with the following goal: *All children, youth, and pregnant women should be guaranteed availability and access to appropriate preventive primary health care.* The work of Dr. Elders clearly and effectively supports the Association's position on Child Health and will bring leadership and attention to an issue critical to the health of our country. The children of the United States will be in good hands with Dr. Elders. She will serve us well.

Sincerely,

Mary Burrus Babson
President
Association of Junior
Leagues International

Sherrye McBryde
President
Junior League of
Little Rock

Eivada Ward
President
Junior League of
North Little Rock

Janie Goins
President
Junior League of
Fort Smith

nea

NATIONAL EDUCATION ASSOCIATION

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1201 16th Street, N.W.
 Washington, DC 20036-3290
 (202) 822-7000 Fax (202) 822-7974

EXECUTIVE OFFICE

July 12, 1993

The Honorable Edward M. Kennedy
 Chairman
 Labor and Human Resources Committee
 U.S. Senate
 Washington, D.C. 20510

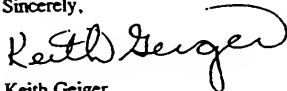
Dear Mr. Chairman:

The National Education Association supports the quick confirmation of Joycelyn Elders M.D. as U.S. Surgeon General. Dr. Elders has extensive experience and knowledge in the field of public health and is dedicated to tackling tough issues. While Director of the Arkansas State Health Department, Dr. Elders was instrumental in raising the immunization rates of preschool children, reducing the teenage pregnancy rate, and helping to lower the state's infant mortality rate.

Throughout her career she has demonstrated an unwavering commitment to improve public health and has dedicated herself to educating the public on important health issues. As a professor of pediatrics at the University of Arkansas Medical School and a researcher into the causes and treatment of hormone-related illness, she published more than 150 articles for medical research publications. She is a board certified pediatric-endocrinologist, served as a first Lieutenant in the U.S. Army, and has received the American Medical Association's National Congress on Adolescent Health Award for outstanding efforts on behalf of American Youth.

America needs strong leadership to help conquer the AIDS epidemic, curb alcohol and drug abuse, and fight the spread of diseases. Dr. Elders is clearly the person to provide that leadership. I am confident that as she works to educate Americans on key health issues, she will also inspire a new generation of health care professionals to serve with the same compassion and dedication that she has displayed throughout her career. We urge you to vote for her confirmation as soon as possible.

Sincerely,



Keith Geiger
 President



July 14, 1993

Honorable Edward M. Kennedy
 United States Senate
 Washington, D.C. 20510-2101

Dear Senator Kennedy:

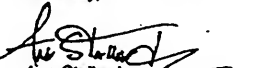
The YWCA of the U.S.A. enthusiastically supports President Clinton's nomination of Dr. Joycelyn Elders to the position of U.S. Surgeon General. She is a highly skilled pediatrician, public health professional, and outstanding advocate for children. She understands the need for preventative services in regard to adolescent pregnancy and screenings for cervical and breast cancer, HIV, and children, all priorities in the public policy recommendations of our constituents.


As a professor of pediatrics and researcher at the University of Arkansas Medical School, Dr. Elders authored more than 150 scholarly articles for medical publications. Her distinctions include the American Medical Association Awards for Outstanding Efforts on Behalf of American Youth and for Outstanding Public Health Professional, the National Education Association's Mary Futrell Award for Creative Leadership in Women's Rights, the National Governor's Association Distinguished Service Award, and the National Coalition of 100 Black Women's Candace Award for Health Science.

Confirmation of Dr. Elders will ensure an increased dedication to the health status of all Americans. We urge you to strongly support her confirmation.

The YWCA of the U.S.A. is a woman's membership organization. Founded in 1858, it is committed to the empowerment of women and the elimination of racism. Currently, it serves over two million girls, women and their families through 4,000 locations across the nation.

Sincerely,


 Ann Stallard
 National President


 Gwendolyn Calvert Baker
 National Executive Director

GCB:mb

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General Board of Church and Society of The United Methodist Church
100 Maryland Avenue, N.E., Washington, D.C. 20002 • (202) 488-5600

July 7, 1993

United States Senate
Washington, DC 20510

Dear Senator:

The General Board of Church and Society of The United Methodist Church is proud of Dr. Joycelyn Elders's commitment to health and wholeness for all. A life-long member of our denomination, she exemplifies, through her words and actions, the church's dedication to healing ministries. Her career as a pediatrician and public health professional characterizes her religious devotion to the needs of others.

Dr. Elders has the strength of will and mission to confront the difficult and complex health care issues facing our nation. As Surgeon General, she will lead us in reform by focusing the debate on the concerns of prevention and accessibility. One of her major goals will be improving the health and well-being of all, especially adolescents. She will address the issues of infectious disease, nutrition, tobacco and alcohol use, as well as the prevention of injury and violence. Her leadership, anchored in her faith commitment, is urgently needed in this era of failing health care systems and polarized vested interests.

Dr. Elders is a board-certified pediatric endocrinologist. As professor and researcher at the University of Arkansas Medical School, she has authored more than 150 scholastic articles for medical publications.

Among numerous distinctions, she has received the American Medical Association's awards for Outstanding Efforts on Behalf of American Youth and Outstanding Public Health Professional, the National Governor's Association's Distinguished Service Award, and the National Education Association's Award for Creative Leadership in Women Rights.

She currently serves on the boards of a dozen councils and commissions in the public and private sectors, including the National Institute of Medicine's Health Promotion Disease Prevention Committee and the Council on Government Affairs for the Academy of Pediatrics.

In the five-and-a-half years since she became director of the Arkansas State Health Department, she has helped raise the immunization rates of pre-school children in the state and has been instrumental in attracting more health care professionals to practice in underserved areas.

Confirmation of Dr. Elders will help ensure that an improved health status for all becomes a priority of this nation. I encourage your strong support in her behalf.

Sincerely,

Jane Hull Harvey
Assistant General Secretary
Ministry of God's Human Community

- Why the Government Urges - Abstinence and Condoms

Health: The public interest in curbing sex-related disease is also served in encouraging moral, or at least more responsible, sex-related behavior.

By JAMES O. MASON

A COUPLE I know tells about the letter they made to a physician and a minister before they were married. The doctor commented them about the importance of going to church and saying grace at meals, while the minister recommended a new book he had heard about, "The Joy of Sex."

I am a physician, and I believe in all of the above—Sunday services, the Ministry at meals and the joy of sex within marriage. Like many letters, mine teaches that carnal and secular sex from our important relationships, including our all-important relationship with God.

You may be sure by obtaining, somewhat like the couple, "What's this doctor doing preaching at me?" So let me add quickly that I am surprised by my experience in the Public Health Service that certain scientists that I would caution young people about on moral grounds are also a clear and serious health risk, creating, for example, about 6,000 to 8,000 deadly new infections with the AIDS virus (HIV) each year.

Of course, physicians in public health must do more than rail against such activities. When we cannot eliminate risky activities, we must attempt to modify and control them and their consequences.

Promiscuity—casual and irresponsible sex, whether between homosexuals or heterosexuals—is a root cause of many of the deaths, disability and anguish of AIDS.

This public-health role is what brought a conservative, middle-C Evangelist League our former organ player, to become an outspoken advocate of condoms.

He didn't change his moral view, but his public-health view reflected a world in which AIDS is the No. 1 disease killing American youth and a world in which many kids are likely to experiment with their bodies and may not be having intercourse between the ages of 13 and 16.

This tension between what most of us would prefer our children and adults do and what they actually do is why the Public Health Service continues to urge abstinence in case programs and yet promotes condoms to others. To appreciate medicine, the need to meet health needs may lead one to recommend to get over certain modifications of sexual practices that, under other circumstances and with other incentives, many of us would have to discourage.

Yet, while we need to reach out to the way to encourage and encourage promiscuous homosexuality, I think we must also point out, again and again, that a lot of promiscuity has caused AIDS and other sexually transmitted diseases to reduce many of our people and society. We must not let them from seeing the truth:

we are a promiscuity-causal and still responsible sex, whether between homosexuals or heterosexuals—a root cause of many of the deaths, disability and anguish of AIDS.

...FRANK LEE, the Holocaust survivor and chemical worker, "When we know how to reduce the harmful, but do not do it, then we become the government," I believe this to be true. I believe that we must care for those with HIV and seek vaccines and cures, but we must also speak out about the destructive behaviors that affect individuals and society. We must do this without fear of whatever ridicule Playboy and other voices of "amoralization" may throw at us.

Casual sex and prostitution are responsible for spreading AIDS, herpes, hepatitis and other painful, crippling and deadly conditions.

Casual sex and promiscuity are also a factor in efficiency, teen pregnancy and irresponsible parenthood.

Every pregnant woman should receive early and consistent prenatal care, but good doctors and midwives are not enough. Family doctors and the responsible use of drugs, contraceptives and alcohol during pregnancy, 4,000 babies born in the United States this year will die before their first birthday. And 250,000 will live but will have been born with or will develop disabling chronic conditions that will deprive them of true independence throughout their lives.

There are the crack babies, the low-weight babies (a result primarily of cigarette-smoking mothers) and the fetal alcohol syndrome, a devastating and permanent handicap.

We know, too, that AIDS can, that there is no more lethal abuse of women than prostitution. Do we have the courage to rid our cities of this behavior?

We in the Public Health Service have not sent a loud message to Americans that they should modify some of their habits. We tell folks they need to jog, swim, play tennis and ride bicycles. We've advised them to limit their intake of saturated fats and increase the fiber in their diets. We've told them to go slow on alcohol and not to use tobacco or drugs. We've said that women should get mammograms and that men and women should have their cholesterol and blood pressure checked.

But we have been somewhat shy in speaking out against casual sex, early-teen pregnancy and childbearing out of marriage. Without sufficient protest, we have sometimes allowed the concept of "federalism to degenerate into "aporn dance."

I reject the idea that behavior is an entirely individual matter, especially in our present circumstances. It is the public's business—certainly, at least, a matter requiring public discussion—when one person's thinking impairs the health of another, when a mother's alcohol use causes permanent damage to her child and when shared drugs and promiscuity destroy promising young lives.

We, as physicians, emphasize what we can best treat: the conditions we cannot prevent. We emphasize diseases when we can and palliate the best when we cannot. But there are battles when the best we can do is advise, urge and recommend—and so it we must.

End of sermon.

Dr. James O. Mason is assistant secretary for health in the Department of Health and Human Services and head of the U.S. Public Health Service.

PERSPECTIVE ON AIDS
L.A. Times: 7-20-92

How Do You Know You're Safe?



Women must get serious about protecting themselves, for the epidemic is spreading, especially among teens.

By ANTONIA C. NOVELLO

As the nation's first female surgeon general, I'd like to speak to women in this country about a health problem that makes me fear for all of us: the alarming spread of AIDS among sexually active women.

In the second decade of this epidemic, the female face of AIDS is still largely unfamiliar. We do not yet see ourselves from this new and unsettling vantage point, and we are letting this killer claim more and more of us and our children.

We cannot expect to have any real power over our health and well-being until we are empowered with knowledge. If we have learned anything from the solidarity of the women's movement, it is this: To know is to care, and to care is to act.

Let me share with you some facts about women and AIDS, so that you begin to see the problem as it really is.

The Centers for Disease Control estimates that 111,000 women can be counted among the 1.1 million Americans who are infected with the virus but do not yet show major symptoms. Although men still account for most of the reported cases of AIDS in the United States, women and perinatally infected children are the fastest-growing groups of people reported. Out of more than 214,000 reported cases, roughly 22,000 have been reported in women, almost half of them in the past two years.

HIV infection and AIDS are now among the five leading causes of death for women 25 to 44, an age group that accounts for nearly half of all the women in this country. In New York City and New Jersey, AIDS is already the leading cause of death in women of childbearing age.

About half of the women now sick with AIDS acquired the virus by injecting drugs, but at least 34% got AIDS through heterosexual sex, and it is this risky behavior that endangers the greatest number of women. If we compare the first half of the epidemic to the second half, heterosexual transmission has jumped by 44%. Among teen-age women, the situation is even more

pronounced: 50% of adolescent females diagnosed with AIDS in 1990 reported contracting the virus through heterosexual contact.

Although the data on transmission through vaginal intercourse are still limited, a number of studies have suggested that an infected man may be 2 to 3 times more likely to pass the virus to a woman than a woman is likely to pass it to a man; one study estimated a 20 times higher risk.

Any woman who risks having unprotected sex with just one man is taking the incredible risk of exposure to all of his partners. Remember the partners you have had in the last 10 years, now think about what that means to you and your children, even those yet unborn.

It is widely assumed that women who get AIDS through sex are part of the drug culture. Indeed, 62% of women who acquire the virus heterosexually report that their partners injected drugs. But an increasing proportion of AIDS cases is being attributed to sexual contact with a man whose risk factors were unknown to the woman. This category has increased from 6% in 1985 to about 15% in 1991. Also increasing is the number of cases among women who report sexual contact with bisexual men: 9% fall into this category, and they tend to be older women, between 30 and 49.

I cannot stress enough the far-reaching, deadly consequences of drug abuse. Drug injection transmits HIV through blood in and on shared needles and syringes. This practice involves a two-fold risk: direct transmission through shared needles and sexual transmission from men who inject drugs. Alcohol, crack cocaine and other drugs alter judgment about sexual contact and may put users of these drugs at higher risk for infection.

We must stop taking chances and begin to take greater charge of our lives. We must take the initiative to protect our health, to shield ourselves and our children from all sexually transmitted diseases, including HIV.

The first step in prevention is being aware of the risks, then the challenge is to change behavior. This means refraining from sex altogether, or demanding and maintaining a truly monogamous relationship, or negotiating for safer sex through the use of condoms.

Taking such action can be very hard for some women. We have been telling sexually active women that abstinence

works and that those who cannot abstain should change the rules and insist that their partners wear condoms. But for women in some communities this can seem impossible. We have also been telling women that monogamous sex with one uninfected partner is safe—but realistically speaking can every woman be sure that she is in a truly monogamous relationship? Because of social, cultural and religious beliefs in some communities, women who insist on bargaining for their protection may be abandoned, abused or thrown out on the streets.

Of equal concern is the fact that many women, especially those associated with the drug culture, are not inclined to seek health services. In many cases, women's unbridled role of caretaker leads them to put others first. They may be diagnosed too late and thus appear to die faster.

AIDS diagnoses may also be complicated by the fact that women with HIV often present slightly different symptoms than men. Like their male counterparts, they suffer from diarrhea, weight loss and pneumocystis carinii pneumonia. In addition to these well-known AIDS manifestations, women with the virus are prone to gynecological disorders such as cervical dysplasia (abnormal cells of the cervix) and severe difficult-to-treat yeast infections. Owing to these gender differences in the manifestation of the disease, I urge women to consult thoroughly with their health-care providers.

Woman to woman, I urge each of you in all sincerity, that if you have any reason to believe that you may have contracted HIV, the time to act is now. Contact your doctor or visit a public health clinic or testing site right away for counseling and testing.

And don't panic. Remember, you are not alone. AIDS has become a women's disease. Until there is a cure, we must encourage one another to do what is necessary to take care of ourselves. It is not egotistical to give our own health priority; it is life-affirming. In the face of AIDS, for once put your own health first. Your family will have a lifetime to be glad you did.

For more information, call the Centers for Disease Control National AIDS Hotline 1-800-342-AIDS, or 1-800-344-SIDA (Spanish).

Dr. Antonia C. Novello is the surgeon general of the United States.

7/22/92 USA TODAY

Teen-agers' high-risk behavior courts AIDS

COMMENT

While AIDS experts confer in Amsterdam, the USA needs to focus on curbing the spread of the virus among adolescents.

The fresh young faces of our adolescents are increasingly becoming the new faces of AIDS — and as a nation we have not yet begun to recognize that fact.

The plain truth is that today, in this country, millions of high school and college-age students may be at dire risk of contracting the human immunodeficiency virus and AIDS.

Through June, 872 cases of adolescents with AIDS were reported in the United States. This deceptively small number obscures the fact that over 44,800 young adults ages 20-29 have been reported with AIDS, many of whom may have been infected during their teen-age years. In 1989, HIV/AIDS became the sixth leading cause of death among young people ages 15-24.

AIDS cases reported among adolescent females have more than doubled — from 13% of all adolescent cases in 1987 to 34% in 1991 — and more than half are due to heterosexual contact. While the overall ratio of males to females reported with AIDS is 8 to 1 in adults, it is 2.7 to 1 among teen-agers.

Studies indicate the average age of first sexual experience among U.S. adolescents is 16. A 1990 survey of adolescents by the Centers for Disease Control reported that 54% were sexually active before finishing high school and 19% had four or more partners.

I must stress this is usually unprotected sexual activity. Of the students surveyed who had sex in the three preceding months, 45% reported using condoms. Condom use dropped significantly as age increased.

Also, 8 million cases of sexually transmitted diseases occur annually among persons under the age of 25 — the equivalent of a teen-ager contracting a sexually transmitted disease

every 30 seconds.

Young people must understand the links in the chain of alcohol and other drugs, risky sex practices, multiple sex partners, unprotected sex and sexually transmitted diseases which can lead to transmission of HIV and AIDS. Too many young people fail to recognize these risks and obtain professional guidance and support. Of the adolescents who did seek AIDS/HIV counseling and testing last year, fully 56% did not return for their test results.

As surgeon general, I cannot allow the spread of HIV in adolescents to continue unchecked. We must impress upon our young people that abstinence is the only sure way to protect themselves from acquiring a sexually transmitted disease or HIV. But being realistic, I believe we must also educate our youth about the best ways to protect themselves if they choose to be sexually active. For them, we must not fail to provide adequate instruction on correct use of condoms and alert them to their obligations and responsibilities toward their sexual partners. Above all, we must foster in them a cautious, sensible and realistic approach to sex.

As caring adults, we must empathize with youth and remember that most of them will find themselves in risky situations lasting for perhaps no more than a few minutes but having perhaps a lifetime of consequences.

Health-care providers and government officials have to



By Antonia C. Novello, surgeon general of the Public Health Service

Who is getting AIDS

Cases by age (Through June 1992)

| Age at diagnosis | Number of cases |
|------------------|-----------------|
| Under 12 | 3,838 |
| 13-19 | 1,672 |
| 20-29 | 44,493 |
| 30-39 | 105,652 |
| 40-49 | 51,923 |
| 50 or older | 23,471 |

How teens contract it

Increasing numbers of teens are at risk. Breakdown by categories in 13-19 age group, (Through June 1992)

| Exposure category | Cases | Percent |
|--|-------|---------|
| Males who have sex with males | 213 | 24% |
| Injecting drugs | 112 | 13% |
| Males who have sex with males and inject drugs | 37 | 4% |
| Hemophilia/Coagulation disorder* | 267 | 31% |
| Heterosexual contact | 124 | 14% |
| Recipient of blood transfusion, components or tissue | 55 | 6% |
| Undetermined | 64 | 7% |

How teens rate AIDS

Gallup surveyed more than 500 teen-agers on the most important problems facing the teen generation. Some teens named more than one problem

| | |
|----------------|-----|
| Drug abuse | 49% |
| Peer pressure | 15% |
| AIDS | 11% |
| Teen pregnancy | 9% |
| Alcohol abuse | 7% |
| Education | 7% |

* — Defined as receiving blood product from hundreds of blood donors

Source: Centers for Disease Control, Gallup poll, Nov. 1991

Cliff Vorens, USA TODAY

deal with complex problems when attempting to balance parental rights with the autonomy of the young person. Issues like consent to be tested, notification of insurers who test positive, and disclosure of results to parents and/or sexual and drug partners who may be at risk will have to be addressed — all while respecting confidentiality. We must ensure that adolescents have access to testing and counseling that they will feel comfortable going to.

The importance of raising adolescents' awareness of the dangers of HIV/AIDS cannot be overstated. But we must be watchful that our struggle to educate them is not rendered

below by failure to provide humane, respectful and confidential services to all adolescents.

The success or failure of our efforts to address HIV infection to adolescents depends less on the components of our interventions than on the will needed to carry them out. We cannot permit the ultimately diverse issues of adolescent development to hinder our efforts. The time has come to open our eyes to the changing faces of AIDS, to do away with blame and to share, instead, in the wisdom and experience that will protect our children — and theirs — from the tragedy of AIDS.

— AIDS conference, IA, 40

SEP 15 1989

The Honorable Edward M. Kennedy
Chairman
Committee on Labor and Human Resources
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

You have inquired about the use of Centers for Disease Control (CDC) sexually transmitted disease (STD) and human immunodeficiency (HIV) prevention funds, for condoms. When asked, we have provided the following guidance:

The Centers for Disease Control (CDC) supports public health activities that can prevent the spread of human immunodeficiency virus (HIV) infection among adults and young people. Prevention messages targeted to these populations strongly emphasize postponing sexual activity for young people, and mutual monogamy with an uninfected partner for sexually active adults. From a public health perspective, both approaches will help prevent infection with HIV or other sexually transmitted diseases (STDs). For those persons whose sexual behavior puts them at risk, proper use of condoms is an effective means of reducing the risk of HIV or STD infection.

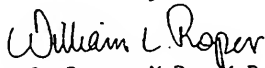
Cooperative agreements with state education agencies funded by CDC's Division of Adolescent and School Health are used to support HIV education as part of comprehensive school health education. These programs are designed to help young people develop the skills they will need to avoid HIV infection, other STDs, and other related health problems. These cooperative agreements provide support for the implementation of HIV education within comprehensive school health education programs, but not for the purchase or provision of condoms.

The CDC also supports state and local health departments as well as community-based organizations to implement HIV prevention programs. These grantees are authorized to purchase condoms with funds awarded to those agencies by CDC. These funds are different from those awarded to state education agencies. Health departments are authorized to use funds from both the STD grants and the HIV prevention cooperative agreements for purchase of condoms, for distribution in STD clinics or as part of other health department programs.

Decisions about the role of condoms in any program of HIV and STD prevention are best made locally, with careful attention to the context in which they are presented. The CDC recognizes and supports the right of each affected community to determine the course of action most appropriate to prevent HIV infection under local circumstances.

I hope this information is helpful to you.

Sincerely,



William L. Roper, M.D., M.P.H.
Director

From the CDC

CONDOMS FOR PREVENTION OF STD/HIV
Overview

- Bacteria and viruses cannot pass through an intact latex condom
- Multiple studies have demonstrated that condom use protects against STD
- Several studies in persons continuously exposed to HIV+ partners show that condoms protect them against HIV infection
- Contraceptive failure rates are very low among experienced users
- Condoms are manufactured with high standards of quality
- Breakage rates attributable to poor quality are very low

Effectiveness

Laboratory studies

- Condoms provide a mechanical barrier which prevents direct contact with semen, genital discharge, genital lesions, or infectious secretions
- Bacteria and viruses cannot pass through intact latex condoms
- Viruses occasionally pass through natural membrane ("skin" or lambskin) condoms under laboratory conditions

Human studies

- Multiple studies show condoms protect users and their partners against gonorrhea and infection with ureaplasma, herpes simplex virus, and HIV
- Several studies show 100% effectiveness against STD and HIV

Condom Quality

- Condoms are classified as a medical device regulated by the FDA
- Condoms are manufactured according to national standards
- Each condom is individually tested for pinholes and areas of thinning

Condom Failure

Incorrect use or nonuse

- Condoms are highly effective only when used consistently and correctly
- Most experts agree that condoms fail most often due to incorrect and/or inconsistent use
- Typical contraceptive failure rates of 10-20% include persons who did not use condoms consistently
- Studies show that only 30-60% of men who claim to use condoms for contraception actually used them for every act of intercourse
- Contraceptive effectiveness increases with experience--failure rates as low as 0.6% have been documented in experienced users

Condom breakage

- Most studies in the U.S. show breakage rates are less than 1% (1 break per 100 acts of intercourse)
- Incorrect use (oil-based lubricants, fingernail tears) accounts for many condom breakages
- Broken condoms do not always lead to infection or pregnancy--one study showed that more than half of breaks occurred prior to ejaculation

Thank you for your recent inquiry regarding effectiveness of condoms to prevent sexual transmission of HIV. Enclosed are a bibliography of references and a review from the Morbidity and Mortality Weekly Report.

Condoms provide a mechanical barrier which prevents direct contact with semen, genital discharge, genital lesions, or infectious secretions. To be effective, condoms must be placed on the penis prior to any genital contact, must remain intact, and, most importantly, must be used consistently and correctly. Effectiveness of condoms to prevent sexually transmitted diseases has been documented in many laboratory and clinical studies.

Multiple laboratory studies, some of which attempted to simulate the mechanical friction of coitus, have clearly demonstrated that a latex condom is a continuous, impervious barrier to sexually transmitted bacteria and viruses, including HIV. Natural membrane ("skin") condoms, however, have been shown to contain small pores which allow passage of HIV in laboratory tests.

Multiple studies conducted among sexually active persons have shown that condoms protect users and their partners against gonorrhea, ureaplasma infection, herpes simplex virus infection, and HIV infection. As with contraceptive studies, effectiveness varies among studies. Several studies show 100% effectiveness, but others show that some individuals became infected despite self-reported condom use. Some of these individuals may have become infected prior to starting consistent condom use. Condoms are highly effective only with consistent and correct use, which cannot be easily confirmed by researchers. Condom failure is due to nonuse, incorrect use, breakage, or leakage. Although the "typical" failure rate of condoms as contraceptives is approximately 10-20%, this figure reflects failure of the user (to use the condom) in addition to failure of the condom itself. Indeed, condom effectiveness as a contraceptive increases with experience, and failure rates as low as 0.6% have been documented (Vessey). Most data suggest that the individual, not the condom, is usually responsible for infections and unwanted pregnancies, and inconsistent use accounts for a large proportion of unwanted pregnancies among condom users (Sophocles). For example, studies in Bangladesh (Ahmed 1990), and Barbados (Russell-Brown) showed that only 60% and 30%, respectively, of men who said they used condoms for contraception actually used them for every act of intercourse.

Incorrect use also accounts for some condom failures and breakage. In one study, men who acquired gonorrhea despite condom use reported putting the condom on the penis after sexual activity had begun (Darrow). Most studies in the United States have shown breakage rates are less than 1 break per 100 acts of intercourse, and incorrect use accounts for a large proportion. One Australian study (Richters) reported 8 breaks in 1269 acts of vaginal and anal sex (a rate of 0.6%); seven of the breaks were related to fingernail tears or use of oil-based lubricant (which weakens the latex).

Manufacturing defects are quite uncommon, since national standards are used and samples are tested to assure high quality. Each condom is individually tested for pinholes or areas of thinning. Moreover, condoms are classified as medical devices by the Food and Drug Administration, which actively monitors condoms manufactured in and imported into the United States.

It is important to remember that a broken condom does not always lead to pregnancy or infection (Liskin). A woman's chances of pregnancy from a single act of intercourse have been estimated to average 2-4% (Tietze). In one U.S. survey, pregnancy occurred in only 4% of women who reported condom breakage (Hatcher). Although infection with a sexually transmitted disease can occur at any time, most exposures do not in fact lead to infection. The chances of infection with HIV after a single sexual exposure has been estimated to be as low as 0.001 and as high as 0.1 (Liskin). Also, not all condom breaks are equally risky. In one study (Piedrahita), more than half of the breaks occurred while the condom was being put on or taken off. In another study, all breaks occurred prior to ejaculation (Richters).

In summary, we regard condom use as "highly effective" for the following reasons: (1) bacteria and viruses cannot pass through intact latex condoms, (2) multiple studies have demonstrated that condom use protects against sexually transmitted diseases, (3) several studies have shown that persons exposed to HIV who used condoms remained free of infection over many months, (4) extremely low contraceptive failure rates have been demonstrated among experience condom users, (5) condoms are manufactured with high standards of quality, and (5) breakage rates attributable to poor quality are quite low.

I hope this information is useful. Thank you for your concern about this important public health issue.

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Condoms for Prevention of STD

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Priority Area 18 HIV Infection

Risk Reduction Objective:

Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15 percent by age 15 and no more than 40 percent by age 17.

| | 1988 | 2000 |
|--------------------|----------|--------|
| | Baseline | Target |
| Adolescents Age 15 | | 15 % |
| Adolescents Age 17 | | 40 % |
| Girls Age 15 | 27 % | |
| Boys Age 15 | 33 % | |
| Girls Age 17 | 50 % | |
| Boys Age 17 | 66 % | |

Lead Agency: Office of Population Affairs
Contributing Agency: Centers for Disease Control

Status of Data:

- National Survey of Family Growth - next survey scheduled in 1995 three follow-up interviews at 20 month intervals of same cohort. New survey in 1999.
- National Survey of Adolescent males - A unique survey in 1988. There was a repeat interview in late 1990 and early in 1991; data will be available in 1992. No plans to repeat survey.

Strategy:

- Provide HIV prevention education in comprehensive school health program;
- Support prevention research to develop, implement and evaluate behavioral interventions;
- Train peer educators to motivate behavior change.

Cross-Reference:

- Commentary in Family Planning Objective 5.4.
- Objective repeated in Sexually Transmitted Disease Objective 19.9.

Risk Reduction Objective:

Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse.

| | 1988 Baseline | 2000 Target |
|--|------------------|----------------|
| Unmarried Women Age 15-44 | 19% | 50% |
| Special Population Targets | | |
| Use of Condoms | | |
| 18.4a Sexually active young women age 15-19 (By their partners) | 26% | 60% |
| 18.4b Sexually active young men age 15-19 | 57% | 75% |
| 18.4c Intravenous drug users | — | 60% |

Note: Strategies to achieve the objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Lead Agency: Office of Population Affairs

Contributing Agency: Alcohol, Drug Abuse and Mental Health, Centers for Disease Control, Food and Drug Administration

Status of Data: See Status of Data for 18.3.

Strategy:

- Develop, implement, and evaluate behavioral strategies to increase condom use among unmarried people who are sexually active;
- Counseling and condom distribution in health care and community settings;
- Support community leadership and infrastructure for community-based health education and risk reduction services;
- Prevention message to use condoms and include barrier or change;
- Build more effective partnerships with the media;
- Train peer educators to influence behavior change;
- Train health care professionals, state officials, community leaders, and drug counselors in effective prevention strategies;
- Disseminate critical information regarding effective prevention strategies to communities, state and national organizations.

Cross-Reference: Commentary in Sexually Transmitted Diseases Objective 19.10.

Priority Area 18 HIV Infection

Services and Protection Objective:

Increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12th grades, preferably as part of quality school health education.

| | 1989 | 2000 |
|----------------------------------|----------|--------|
| | Baseline | Target |
| Students grades 4th through 12th | | 95% |
| Students grades 7th through 12th | 5% | |

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Lead Agency: Centers for Disease Control

Status of Data:

- 1989 survey - 67% total school districts require HIV education;
- A national probability sample is planned, by CDC, for spring 1993 (data available 1994), which will provide data which exactly match the objective.

Strategy:

- Assess the extent to which HIV education is being provided to youth;
- Support evaluation studies of HIV education programs in the areas of teacher training, policy development, and curricula;
- Support national organizations, state agencies, and local communities, including parents, to develop locally acceptable HIV prevention education approaches;
- Conduct and support research projects to develop, implement, and evaluate educational strategies for HIV education.

Statements of Support for Dr. Joycelyn Elders Received by Senator Paul Wellstone as of July 23, 1993

Adolescent AIDS Program
 Becker, MN (individual)
 AIDS Action
 AIDS National Interfaith Network
 AIDS Service of Dallas
 AJ Congress
 American Academy of Child and Adolescent Psychiatry
 American Assoc. of University Women
 American Cancer Society
 American College of Physicians
 American College of Preventive Medicine
 American Dietetic Association
 American Federation of Labor and Congress of Industrial Organization
 American Heart Association
 American Medical Women's Association
 Ambulatory Pediatric Assoc.
 American School Health Association
 American Social Health Assoc.
 American Society for Medical Technology
 American Public Health Assoc.
 Association of Maternal and Child Health Programs
 Association of Schools of Public Health
 Association of State and Territorial Health Officials
 Association of State and Territorial Directors of Nursing
 Catholics Speak Out
 Child Welfare League of America
 Citizen Action
 Coalition of Labor Union Women
 Coalition for Nutrition Services in Health Care Reform
 Commissioned Officers Assoc of U.S. Public Health Service
 The Council of the Great City Schools
 Municipality of Anchorage Dept of Health and Human Services
 Englewood Health Dept
 Environmental Defense Fund
 Education Training Research
 The Faculties of Graduate Programs in Public Health Nutrition
 Family Planning Council, Inc (Los Angeles Regional)
 State of Georgia Governor's Special Council on Family Planning
 International Union, United Automobile, Aerospace & Agricultural Implement Workers of America - UAW
 The Interreligious Response
 National Abortion Federation
 National Community AIDS Partnership
 Mercy Medical Center
 Mississippi Conference on Social Welfare
 National Association of Social Workers
 National Association of State Boards of Education
 National Coalition to Support Sexuality Education
 National Public Health Information Coalition
 National Medical Association

RESPONSES OF M. JOYCELYN ELDERS, M.D.
TO
QUESTIONS SUBMITTED BY THE
SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

JULY 28, 1993

M. Joycelyn Elders, M.D.
810 Marcia Cove
Little Rock, Arkansas 72206

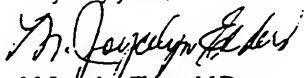
July 29, 1993

The Honorable Edward M. Kennedy
Chairman
Senate Labor & Human
Resources Committee
315 Russell
United States Senate
Washington, D.C. 20510

Dear Senator Kennedy:

Attached please find my responses to the written questions submitted by Senator Dan Coats, Senator Nancy Landon Kassebaum, Senator Judd Gregg, Senator James M. Jeffords, yourself and Senator Paul Wellstone.

Very truly yours,



M. Joycelyn Elders, M.D.

Attachment

RESPONSES OF M. JOYCELYN ELDERS, M.D.
TO
QUESTIONS SUBMITTED BY
SENATOR DAN COATS

ABORTION

1. What is your position on abortion?

A: I have repeatedly stated that I am not about abortion. I believe in preventing unplanned, unwanted pregnancies. If you do that, then there would not be a need for abortion. However, I do believe in a woman's right to choose as set forth in the U.S. Supreme Court decision of Roe v. Wade.

2. Do you believe a woman should have a right to an abortion, for any or no reason, throughout the entire duration of pregnancy?

A: See response to 1 above.

3. Do you support reasonable restrictions on abortion such as parental consent or notification for minors?

A: It is my understanding that the Administration opposes any Federal attempts to limit access to abortion through mandatory waiting periods or parental or spousal consent requirements. The Administration does not oppose State efforts to require some form of adult counseling or consultation for underage girls who choose to have an abortion -- as long as workable and effective bypass provisions are attached to such laws.

I fully support these views.

4. What is your position on the Freedom of Choice Act?

A: I support the principle embodied in the Freedom of Choice Act which would codify the tenets of Roe v. Wade. It places priority on the health of women, which is the standard by which any effort to regulate abortion must be measured.

5. Do you support the "Hyde" amendment which prohibits the expenditure of federal funds for abortion except in those cases where the mother's life would be endangered if the fetus was carried to term?

A: The Administration does not support the "Hyde" amendment and is working with congressional leaders to facilitate an approach that is consistent with both Federal and State law.

My views on the Hyde amendment are consistent with the Administration's position.

6. What is your position on RU-486?

A: I believe that we should work to make RU-486 available to women in the United States when it is proven to be safe and effective. However, I understand that a number of steps must be taken before an application can be filed, and FDA approval can be achieved.

7. Is it true that you once described pro-lifers as "very religious non-Christians" saying, "Yeah, they love little babies, as long as they're in somebody else's uterus"? (Washington Post, 2/16/93)

A: As I stated during the hearing, I probably referred to them as "the right to life" groups since I do not use the term "pro-lifers" and I probably called them the "very religious non-Christian right."

8. Is it true that you later said pro-lifers don't support programs to help children because they believe: "... a baby is God's just punishment for fornication?" (Los Angeles Times, 3/8/93) And that you authored an article appearing in the Berkeley Women's Law Journal in which you wrote: "We have refused to make a commitment to solving the crisis of teenage motherhood because we view pregnancy as just punishment for the sin of premarital sex?"

A: The Los Angeles Times quotes me as saying: "Most of our society believes a baby is God's just punishment for fornication. Their attitude is, I'm not going to invest in this baby growing up healthy, educated, motivated and with hope. I'm going to keep using him to grind in that punishment for you." As I stated during the hearing, I believe I restricted it to a narrow group.

The quote from the law journal article is accurate.

9. Did you also refer to persons who disagree with your position on abortion as "non-Christians with slave-master mentalities"? (American Medical News, 1/11/93)

A: To the best of my recollection, I never made such a statement.

10. At a pro-choice rally did you tell pro-lifers to: "get over their love affair with the fetus and start supporting the children?"

A: As I responded during the hearing to this question, I did make this statement. The reason I used the reference of the "love affair with the fetus" is because I look upon it as an affair, a short-term commitment; whereas when a child is born, it is a lifetime commitment.

11. Did you refer to the Catholic Church as being a "celibate, male-dominated church"? (Arkansas Democrat Gazette, 1/19/93)

A: Yes. I made the statement in referring to groups fighting the Roe v. Wade issue. After this statement drew some attention in the media in Arkansas, I went to meet with Bishop Andrew McDonald to explain that I did not have any preconceived malice or intent to blaspheme the Roman Catholic Church. It was agreed that in the future I would refer to the church as "male-governed" rather than "male-dominated." I later sent a letter of apology to Bishop McDonald to that effect.

12. During a December 30, 1992 interview with Bryant Gumble you are quoted as saying that you don't feel any of us are "good enough, know enough, or love enough to make the abortion decision for anybody else."

Yet you have previously stated that as a physician to diabetic teenagers you decided that if you wanted to keep those kids healthy you "had no choice but to take command of their sexuality at the first sign of puberty. I'd tell them, 'You're gonna have two good babies, and I'm gonna decide when you're gonna have them.'" (New York Times, 10/15/89). Could you please explain that statement?

- A: As I explained during the hearing, these two statements were never stated together.

The first statement accurately reflects my personal opinion on the abortion issue. Mr. Gumble had asked me about my beliefs on abortion.

The second statement concerns my work as a pediatric endocrinologist with juvenile patients with insulin-dependent diabetes. It was in this work that I recognized the importance of being candid with the patient and their parents about sexual matters. A diabetic female is a hazard to herself and her offspring if she becomes pregnant at too early an age, before her runaway endocrine system has stabilized and her diabetes is in good control. I wanted to help my patients have healthy, happy babies when they were medically ready to have them. This statement concerned family planning, not abortion.

13. If medicaid does not pay for abortions, does not pay for family planning, but pays for prenatal care and delivery, that is equivalent to saying that "I'll pay for you to have another good, healthy slave, but I won't pay for you to use your brain and make choices for yourself...It's a way to keep people poor, ignorant and enslaved. If you are poor and ignorant, you are a slave." Would you please explain what you meant by that statement? (American Medical News, January 1993)

- A: I am a proponent of access to family planning services for poor women and preventing pregnancy. We as a nation focus time and resources on health care for pregnant women and their children, yet do not focus enough on preventative health measures such as family planning that can assist women in planning or delaying their pregnancies until they are best able to care for their children.

14. Many of us feel a great sense of sorrow at the prevalence of abortion in our society. We understand how difficult a choice it is for many women, and also recognize how this decision can permanently affect the rest of their lives. Most believe abortion is an unfortunate occurrence. Yet you stated during your testimony before this committee on the Freedom of Choice Act that: "In the 17 years that abortion has been legal nationwide, it has had an important and positive public health effect." Do you really believe abortion has had a positive effect?

- A: After I made that statement, I explained my reasoning: abortion is extremely safe; now that abortions are legal, women are having them earlier - thus, more safely; and abortion provides an option to families at high risk for genetic defects. I concluded my testimony by stating that "it is an important component of a comprehensive public health strategy to protect and promote the health of women ... the standard by which any effect to regulate abortion must be measured."

Let me reiterate that abortion is part of a comprehensive health strategy for women.

15. During your 1990 testimony before this Committee on the Freedom of Choice Act you commented: "Many families at high risk are willing to become pregnant only because of the option of abortion. Further, abortion has reduced the number of children afflicted with severe defects; the number of Down's syndrome infants in Washington state in 1976 was 64 percent lower than it would have been without legal abortion. (FOCA hearing, Elders's prepared statement, May 23, 1990).

In response to this statement, the National Down's Syndrome Congress has expressed concern and believes statements of this sort "raise some important questions in our minds as to her qualification for the position of Surgeon General It would appear from her testimony and written statements that her concern is more toward the cost of an individual's life as opposed the value of the human life. It would not be a good choice to have the Surgeon General of the United States of America espousing such ideals."

Do you really believe, as your statement appears to indicate, that abortion has had a positive effect in that it has reduced the number of children with Down's Syndrome and other severe defects?

A: As I stated at Friday's hearing, "As a physician, I value all human life." I very much support these children and their families. As a doctor I have cared for Down's Syndrome children, and I have a beloved Down's Syndrome nephew. I know that these children are delightful and lovable -- and that they thrive in families who have the resources and wherewithal to care for them.

However, I was testifying for the Freedom of Choice Act -- and I feel strongly that all parents should have the choice in this instance. I am not wise enough, I am not good enough, and I cannot love enough to make this choice for them.

16. Would you explain what you meant when you said: "Abortion was the single most important factor in the significant decrease in neonatal mortality between 1964 and 1977"?

A: I was citing information from a 1981 article in Family Planning Perspectives that found that "increased availability of legal abortion, which followed the reform of restrictive state abortion laws in the late 1960s and the 1973 Supreme Court decision, was the most important factor in the large decreases in neonatal mortality that occurred between 1964 and 1977."

The article then stated that "the neonatal death rate (the number of deaths in the first 27 days of life per 1,000 live births) fell by 7.5 among white and by 11.8 among blacks." It also explained that neonatal mortality during the 1964-1971 period was "fueled by the increase in the percentage of low-income women who used subsidized planning services between 1965 and 1971 and by the dramatic increase in the legal abortion rate between 1969 and 1971 (emphasis added). The acceleration of this [trend] ... during the 1971-1977 period was due to the ... explosion of the abortion rate during that period."

17. In July 21, 1993 the New York Times ran an article entitled "The Chosen Sex--a Special Report". In it, the Times reports on a growing problem in China concerning sex-selection abortions. The article speaks of how women go into clinics and through the use of ultrasound, determine the sex of their child. Approximately 12% or 1.7 million fetuses are being aborted every year in China, simply because the child happens to be the wrong sex, a female.

Since you have on occasion stated that you oppose restricting a woman's access to abortion for reasons other than "medical necessity" would you support a woman's right to terminate her pregnancy simply because the child was the wrong sex? Do you consider this a legitimate form of family planning?

- A: I support the principles set forth in Roe v. Wade concerning a woman's right to choose.

I have never considered abortion as a means of family planning. To me, an abortion is a failure in our system to provide women with sufficient tools to control their reproductive cycles. I believe in preventing unplanned pregnancies, therefore, eradicating the need for abortion.

ADDRESS TO ARKANSAS COALITION FOR CHOICE

1. Did you address the Arkansas Coalition for Choice on January 18, 1992? If so, did you do so as Director of the Arkansas Health Department?

A: Yes, I did address the Arkansas Coalition for Choice on Saturday, January 18, 1992. I did not do so in my capacity as Director of the Arkansas Department of Health.

2. Have any complaints been filed against you for violation of Arkansas laws which prohibit such actions by state officials? If so, what was your response?

A: On February 17, 1992 Westark Christian Action Council filed a written complaint alleging that I had addressed the Arkansas Coalition for Choice in my capacity as director of the Arkansas Health Department, and therefore violated the Arkansas State Political Practices Act. On March 13, 1992 County Prosecutor Mark Stodola completed an investigation of the matter and announced that there had been no violation of state law. On March 17, 1992 the Westark Christian Action Council filed a petition in the Circuit Court of Pulaski County seeking the appointment of a special prosecutor to investigate the circumstances of the January 18, 1992 address. On May 26, 1992, upon joint motion of both petitioner, Westark Christian Action Council and myself, I was dismissed as a party to the proceeding. The request for a special prosecutor was dismissed by the Circuit Court of Pulaski County. Petitioners appealed to the Supreme Court of Arkansas, but the appeal was dismissed because the case was moot.

3. In responding to any suits alleging that you violated Arkansas law by addressing the Arkansas Coalition for Choice on January 18, 1992, did you use attorneys paid for by the state of Arkansas to defend you?

A: Yes, because I was served in a civil action alleging that I had acted improperly under color of my office I did use the services of attorneys employed by the Arkansas Department of Health in responding to the action initiated on March 17, 1992.

4. What is the status of any suit pending against you alleging you violated Arkansas law for speaking to the Arkansas Coalition for Choice on January 18, 1992?

A: On April 19, 1993 Westark Christian Action Council filed a second petition in Pulaski County Circuit Court seeking appointment of a special prosecutor. The second petition was substantially similar to the petition that was dismissed in 1992. It is my understanding that no parties have been served in this action, and I have no personal knowledge of the status of this proceeding.

5. Have petitions been filed requesting the appointment of a special prosecutor to bring suit against you for alleged violations of Arkansas law because of your address to the Arkansas Coalition for Choice? If so, what is the status of this request?

A: On March 17, 1992 the Westark Christian Action Council, filed a petition seeking the appointment of a special prosecutor to investigate the circumstances of the January 18, 1992 address. On May 26, 1992, upon joint motion of both petitioner, Westark Christian Action Council and myself, I was dismissed as a party to the proceeding. The request for a special prosecutor was dismissed by the Circuit Court of Pulaski County. Petitioners appealed to the Supreme Court of Arkansas, but the appeal was dismissed because the case was moot.

On April 19, 1993 Westark Christian Action Council filed a second petition in Pulaski County Circuit Court seeking appointment of a special prosecutor which was similar to the petition that was dismissed in 1992. It is my understanding that no parties have been served in this action, and I have no personal knowledge of the status of this proceeding.

6. During your address to the Arkansas Coalition for Choice on January 18, 1992, did you make the following statement:

".... and there the Church was silent when we talked about.... the first 400 years black people had their freedom aborted, and the Church said nothing. The way of life for Native American was aborted; the Church was silent. We attempted to eradicate a whole race of people through the Holocaust, and the Church was silent.... Women had no right to vote for years. We ask why? Why do these things go on?... Any time the right of choice is taken away from all of us and put into the hands of a few, these kinds of things will happen, over and over again. Look at who's fighting the pro-choice movement: a celibate, male dominated church...."

A: Yes.

7. Were you ever asked to publicly apologize for the above statement? If so, did you publicly apologize? When and where?

A: Yes, I was asked to apologize by a priest. I discussed this with Bishop Andrew McDonald and my brother (who is a minister). I explained that I did not have any preconceived malice or intent to blaspheme the Roman Catholic Church. It was agreed that in the future I would refer to the church as "male-governed" rather than "male-dominated." I later sent a letter of apology to Bishop McDonald to that effect.

CONDOM ADVERTISEMENTS

1. Do you support advertising condoms on television?

When asked if as Surgeon General you would target networks for their continued refusal to air condom ads, you responded, "I most certainly will. You know, I feel we air everything else and I feel that the media - I feel that the media can make very, very significant impact on the attitudes of America." The Reuter Transcript Rept. December 30, 1992

- A: I do support advertising condoms on television. I believe if we advertise feminine napkins and douches, we can also tastefully advertise condoms. We need to make condoms an every day item of personal hygiene for people who choose to be sexually active outside of a monogamous relationship. Otherwise, we are never going to successfully fight the spread of AIDS.

During my time in Arkansas, one of the television stations devoted all of its public services announcements to the issue of teen pregnancy. Its campaign was very tastefully done and had a major impact on the public perception of this issue. The station received a Regional Emmy Award, the George Peabody Award and the Edward R. Murrow Award for their work.

We are not doing a very good job at promoting condoms. If confirmed, I will work to increase the acceptability of condoms among all populations within our country by using every tool available, including the media. I feel very strong about this.

CONTRACEPTIVES

1. You have had a lot to say about condoms. Given the fact that condoms have been promoted, distributed and made available more in the last several years than in their entire history, why is it that sexually transmitted diseases, teen pregnancies, and AIDS continue to increase?

- A: Yes, adolescent pregnancies, sexually transmitted diseases, and AIDS continue to be problems. And yes, condoms are promoted, distributed and made available more than ever. However, 1) condoms are not used by all couples, 2) condoms are not used properly or consistently by all couples, and 3) condoms can be defective or break. No form of contraception is 100% effective except abstinence, and I do support abstinence, especially for adolescents. However, for those persons who choose to be sexually active, I have advocated the use of condoms in promoting "safer sex."

2. Grady and Cowarker report that condoms have an 18% failure rate for pregnancy among teenagers (and this doesn't even count all the pregnancies that were aborted). This means that when the failure rate is that bad, one in five girls who depend on condoms ends up pregnant. An editorial appearing in *Postgraduate Medicine*, written by its editor-in-chief, Glen C. Griffin, MD states, "The only really safe sex is between two faithful marriage partners who are free of sexually transmitted diseases." Dr Griffin says kids need to know that "this no-risk sex is worth waiting for." Do you agree with his statement? If so, how will you promote truly "safe sex" as surgeon general?

- A: I agree that "no-risk sex is worth waiting for." However, I believe in facing facts, and the reality is that some persons choose to have sex in other than mutually monogamous relationships. For those persons, I would offer the same advice as my predecessor, Dr. Koop. That is, in the absence of such a relationship, both parties should protect themselves and use condoms.

3. Is the transmission of Chlamydia infection prevented by condoms? What is the rate of Chlamydia infection among teenagers? What are the consequences of a Chlamydia infection for a teenager?

- A: The transmission of *Chlamydia trachomatis* infection is prevented by latex condoms used correctly and consistently. Judson, et. al. found no leakage

when 50 unlubricated standard latex condoms with a receptacle end with 10 ml pooled suspensions of Chlamydia Trachomatis were subjected to vigorous simulated "intercourse" in an in vitro setting. (Condoms in the Prevention of Sexually Transmitted Diseases, American Social Health Association, December 1989.) The CDC, Division of Sexually Transmitted Disease and HIV Prevention concurs that latex condoms prevent transmission of Chlamydia trachomatis.

The rate of Chlamydia trachomatis infection is 10-15 percent nationwide. Data is not recorded nationally in an age specific manner.

Infection with Chlamydia trachomatis can result in pelvic inflammatory disease (PID), sterility, ectopic pregnancy, and neonatal pneumonia.

4. What is the human papilloma virus and its associated consequences? Is this transmission of human papilloma virus prevented by condoms? What percent of sexually active teens carry this virus? Is it curable?

- A: There are many types of the human papilloma virus (HPV). Types 6 and 11 are associated with what is commonly known as genital warts, which may be permanently removed in an office setting. HPV types 16 and 18 have been associated with cervical dysplasia and malignancies. There are many procedures and treatments for cervical dysplasia and early stages of malignancies which attain cure. Transmission of HPV is prevented by condoms, according to the Division of STD/HIV Prevention, CDCP. Ten to fifteen percent of sexually active teens carry HPV.

DEFECTIVE CONDOMS

1. According to documents obtained from the FDA, the Arkansas Department of Health had repeated problems with condoms that it was obtaining from its sole supplier, Ansell, Inc. When did your agency begin purchasing condoms from Ansell?

- A. The relevant Arkansas Department of Health records are not available prior to 1988, by which time the Department was purchasing condoms from Ansell. I believe that the Department had been purchasing Ansell condoms for several years before 1988.

2. Did any problem with the condoms surface before December 1990?

- A. I know of no reported or documented complaint about the Ansell condoms at the Arkansas Department of Health prior to December, 1990.

3. In December 1990, a high school clinic in your state returned 50 condoms to your department. These condoms had been supplied to the school by your health department and were returned by the school because of complaints of breakage. An official with your agency sent the condoms back to the manufacturer. What efforts did your department make to notify high school children who had received condoms from that batch of the problems that had been detected? Were the students asked to return the condoms to the school-based clinic and receive replacements? If not, why was the decision taken to let students use condoms from a batch that the clinic believed had unacceptably high levels of defects?

- A. The Arkansas Department of Health began distributing Ansell condoms years before December, 1990. The product typically was distributed with 3 packages to a unit, 48 units to a box, 10 boxes to a case. Each case, then, contained approximately 1044 condoms. The first reported complaint to the Arkansas Department of Health occurred in December, 1990. The Department of Health returned 50 condoms to Ansell due to a high school clinic's complaint to the Department about "breakage". That clinic's communication to the Department was based on one student's report of his experience. The number of condoms distributed at that clinic and the number of those which were not defective does not appear in the records of the Arkansas Department of Health. When notified of the student's experience, Ansell replied that the condoms had been manufactured to meet product specifications and had passed a quality control test prior to distribution. Ansell reported to the Department that no other complaints had been received on these condoms. Therefore, in December, 1990, there was insufficient basis on which to notify users that there had been a complaint about breakage and/or that all users should return condoms to the school-based clinic.
4. Similar problems continued to be reported in clinics throughout your state. Generally, your department handled these problems by exchanging one batch of condoms for another made by the same manufacturer. Did your agency also notify people who already had received the condoms about the potential hazards?
- A. Between December, 1990 (when one clinic reported a breakage problem) and February, 1992 (when a county health unit reported another), to my knowledge, the Arkansas Department of Health received no reports of breakage in the condoms it distributed. From February, 1992 until Ansell instituted a nationwide recall of its product in September, 1992, there was only one occasion (in addition to the instance prompted by the December, 1990 communication) in which Ansell replaced the condoms previously supplied to the Department of Health. The replacement supply consisted of a different, stronger condom than the ones previously purchased by the Department of Health. In February, 1992, there was insufficient basis on which to notify users not to use the Ansell condom.
5. On June 24, 1992, the Baxter County Health Unit notified an official in your department that "three successive HIV antibody test clients who were issued Lifestyle condoms during their pre-test counseling stated that the condoms broke in every use." This occurred at least 18 months after your department had been informed of serious problems with condoms from this manufacturer. Did your agency alert other clients who had been tested for HIV infection that the condoms the clinic was distributing had high failure rates?
- A. The December, 1990 report of "breakage" made no reference to or finding of "serious problems with condoms from this manufacturer." There were no reports to the Department about condom failure during 1991. During 1992, the Department of Health was seeking to collect the experience in the State with Ansell condoms. That process was ongoing during June, and thus no notification of "high failure rates" was indicated.

6. Throughout much of 1991, the state legislature engaged in a rather contentious debate over the question of whether school-based clinics should dispense condoms. During this same period, your clinics were experiencing serious problems of breakage and leakage with the condoms that it was distributing to the public. Had your agency made a conscientious effort to notify persons who had received condoms from your clinics to this fact, what effect would this have had on the legislature's deliberations?

- A. During all of 1991, to my knowledge, the Department of Health received no reports of breakage or leakage in the use of Ansell condoms distributed by the State. I do not know what the effect on the legislative debate would have been had the Department experienced serious problems with the condoms and reported that fact to the Arkansas legislature.

7. Eventually, the FDA approved a seizure of every condom that your agency had purchased from Ansell, Inc. The FDA never went through with the seizure, nor did it order a recall. Instead, it suggested that you return condoms still in your inventory to the manufacturer. At this point, having returned all of your stock of Ansell condoms to the manufacturer, did you instruct your state public health clinics to notify people who already had received condoms of the possible defects?

- A. On August 12, 1992, the Nashville office of the Food and Drug Administration recommended a seizure of Ansell products. That seizure would have affected only those products actually tested in Arkansas and found defective. Other Ansell products — those that had not specifically been tested in Arkansas or elsewhere in the nation — would not have been affected by a seizure. A recall, but not a seizure, can reach product beyond that actually tested and found deficient.

On August 28, 1992, the Center for Devices and Radiological Health within FDA concurred with the Nashville FDA office's recommendation for a seizure. On September 3, 1992, before the seizure decision was finally endorsed and implemented, Ansell wrote to FDA announcing that it would recall the product nationally. Customers in twenty-seven states plus Guam and the District of Columbia were contacted by the manufacturer and returned to Ansell their supplies of the product. The manufacturer destroyed the returned condoms on April 8, 1993.

To my knowledge, Arkansas was the only Department of Health that brought to FDA's attention its experience with Ansell condoms.

Meanwhile, on July 21, 1992, the Department of Health wrote to all Area Managers of the Department regarding the Ansell condoms. Among the instructions to the Managers was the following: "1. Review with the client the reasons for condom breakage Most breakage problems can be solved with a review of proper handling and use. 2. If no explanation is evident, have the client return any unused condoms and send them to the Department of Health for testing."

8. Did your agency, at any time during the 19-month period of time during which you experienced repeated problems with condoms purchased from Ansell, make any effort to notify people who had obtained condoms from your clinics, including school-based clinics, of these problems? Did your agency undertake any program to ask people who had been given these condoms that they should return them to your clinics and exchange them for more reliable condoms?

- A. As noted earlier, there was not a period of 19 months in which the Department of Health "experienced repeated problems with condoms purchased from Ansell...". As also noted earlier, in July, 1992, the Department notified all Area Managers to "...have the client return any unused condoms".

9. Throughout much of 1991, the Arkansas legislature debated whether to continue the Health Department's program of dispensing contraceptives to high school students. Did you at any time notify lawmakers that your agency was distributing defective condoms to high school students under this program?

- A. I did not notify lawmakers in 1991 about the condoms the Department of Health was distributing. As noted earlier, to my knowledge, the Department had no reports of breakage or leakage involving Ansell condoms during all of 1991.

10. Did you at any time notify the Governor of the fact that your clinics were dispensing defective condoms? If so, when? What steps, if any, did he direct you to take to ensure the safety of people who had received condoms from your clinics? Did he direct you to notify people who had received condoms from your clinics to return them in exchange for more reliable condoms?

- A. I did not notify the Governor when I received reports about condoms from local or area health units. I did not notify the Governor that there were no reported problems with the Ansell condoms during 1991. The Governor did not, then, give me directions regarding the distribution of condoms.

FAMILY PLANNING

1. It was recently announced that Baltimore City Schools are expected to be the first in the nation to offer Norplant, a surgically implanted contraceptive, to teenage girls. The drug is expected to be offered to students at Laurence Paquin Middle and High School, and will eventually be expanded to the six high schools that have school-based health clinics on campus.

a. Do you support the distribution of Norplant to this population?

- A: Norplant, a new implantable hormonal, long-term contraceptive, has been approved by the Food and Drug Administration as safe for use as a contraceptive method in the United States. Local community groups have a right to provide voluntary contraceptive services to sexually active individuals in compliance with any relevant Federal, State or local requirements, including informed consent requirements.

b. Given the drug's short history, do you believe these minor girls should have to obtain parental consent before implanted with Norplant?

- A: Norplant has been approved by the FDA as a safe, reversible family planning method. These inserts can be removed through a simple, outpatient procedure. As with all other contraceptive services provided to adolescents through the Title X national family planning program, Norplant is available to adolescents who request such services on a confidential basis. I would however urge parents to become involved with their children's decisions whenever practicable.

c. If you do not support parental consent before Norplant is distributed to minor girls, do you at least support parental notification before this new drug is distributed?

A: There are no Federal laws that require parental consent or notification for the provision of contraceptive services to minors, nor would I recommend that Norplant be singled out for such a requirement.

d. Would you support using federal funds for this type of distribution?

A: Funding for the provision of Norplant is currently available through various Federal programs including Medicaid and the Title X national family planning program. Title X specifically requires that all family planning services to adolescents be provided in a confidential manner, and prohibits parental consent or notification requirements for the provision of such services.

e. What if any restrictions would you place before federal funds could be used to distribute Norplant to minors?

(see above response)

2. Section 1008 of the Public Health Service Act implementing the title X Family Planning Act provides that: "None of the funds appropriated under this Title shall be used in programs where abortion is a method family planning."

a. How do you interpret this section of the law, which has not been altered since 1970?

A: The Title X statute has always prohibited the use of funds for abortion. The Department of Health and Human Services is not seeking any change in that prohibition.

b. Do you support regulations known as the "Gag rule" which aim to separate abortion related activities from federally supported family planning activities. If not, do you support any limitation on the ability of clinics receiving federal funds to counsel or refer women for abortion in federally funded Title X clinics?

A: I support the President's position as expressed in his January 22 Memorandum in which he directed the Department to suspend the so-called "gag rule" and promulgate new regulations to implement Section 1008 in accordance with the notice and comment procedures of the Administrative Procedures Act.

Under suspension of the "gag rule", Title X family planning projects must provide information on all pregnancy options for managing an unintended pregnancy when asked by a client.

c. Do you view the federal family planning program as preventive in nature?

A: Yes, family planning is our best means of planning pregnancies and avoiding the need for abortion, and I support making family planning services more accessible.

d. Do you think it is important to separate abortion activities from legitimate family planning or preventive activities? How do you propose to separate abortion activities from legitimate family planning activities?

A: Under suspension of the "gag rule", grantees must comply with section 1008, with the Title X guidelines, and with the program policies developed since the inception of the program that were in effect prior to 1988 dealing with the interpretation of the abortion restrictions in Title X. A statement published by the Department in the Federal Register on June 23, 1993 announced the availability of a summary of pre-1988 policies. This summary outlines the standards to be applied to insure sufficient separation of abortion activities from Title X activities.

e. Should Title X clinics be permitted to perform abortion on the same site as the federally funded Title X clinics?

A: Under suspension of the "gag rule", the title X program is operating under program policies that were in effect prior to 1988 which require that projects maintain some degree of separation from abortion activities. A statement published by the Department in the Federal Register on June 23, 1993 announced the availability of a summary of pre-1988 policies. This policy summary states, "separation of Title X from abortion activities does not require separate grantees or even a separate health facility, but separate bookkeeping entries alone will not satisfy the spirit of the law." I believe this is a reasonable approach but I would like to reserve my final opinion until the comment period has closed and comments on this and other policy positions are analyzed.

f. Should personnel whose salaries are supported by federal funding be permitted to work in abortion related activities at the same site?

A: Under suspension of the "gag rule", the title X program is operating under program policies that were in effect prior to 1988 which require that projects maintain some degree of separation from abortion activities. A statement of those policies which was published by the Department in the Federal Register on June 23, 1993 announced the availability of a summary pre-1988 policies. This policy summary states, "Similarly, common staff is permissible, so long as salaries are properly allocated and all abortion-relation activities of staff members are performed in a program which is entirely separate from the Title X project. I believe this is a reasonable policy but I would like to reserve my final opinion until the regulation comment period has closed and comments on this and other policy positions have been analyzed.

3. Since its involvement in funding contraceptives and family planning, the Federal government has invested over \$2 billion to curb teenage pregnancy. Yet the rate of teenage pregnancy and sexually transmitted diseases afflicting teens continues to grow.

Many experts feel it is time for us to admit that this approach has not yielded the returns we had hoped for, and to recognize that we have focused on the symptom of teen pregnancy rather than the root, which is teen sexual activity.

a. What, if anything, will you direct the Department of Health and Human Services to do to curb the rate of teen sexual activity?

b. What role should abstinence education play in this effort?

A: Abstinence education, including teaching resistance and decisionmaking skills, is obviously an important part of any sexuality education program, especially when targeting younger adolescents. I would expect such a component to be included in comprehensive school health education programs.

MARIJUANA

1. Do you, as the press has reported, support a physician's right to prescribe marijuana for their patients, if it would be "beneficial"?

(The Salisbury Post, December 20, 1992)

A. If the Department of Health and Human Services concludes that the use of marijuana for therapeutic purposes is beneficial. Research is currently being performed as to the therapeutic benefits of marijuana for such diseases as glaucoma, cancer, and AIDS. I believe the Secretary is planning to review the issue of marijuana's use for those purposes. I support such a review and would, therefore, defer a conclusive statement on the matter until the review has been completed.

2. Are you aware that Federal drug agencies prohibit marijuana's medical use because smoking it may cause lung cancer, may damage brain cells and compromise the immune and reproductive systems?

A. I am aware of the health risks associated with marijuana.

3. Would you use your office as Surgeon General to promote marijuana's "medicinal uses"?

A. Again, I would await the results of the Secretary's planned review before reaching any conclusions on the matter.

MERCY NURSING HOME

1. Did the Mercy Nursing Home provide home health services?

A: No.

2. Was Audrey Ruffin ever employed or connected with the Mercy Nursing Home? Is so, would her health care have been regulated in any way by the Arkansas Department of Health?

A: Ms. Ruffin at one time was employed by the Mercy Nursing Home. Her health care was not regulated in any way by the ADH.

3. Could you please explain the Arkansas Department of Health's involvement in the provision of home health services?

A: The ADH provides home health care services in all but six counties in Arkansas. These services include providing nurses, nurses aids and licensed practical nurses to assist in the patient's home as ordered by the attending physician.

4. Please explain how the ADH operates its home health agency.

A: ADH operates its home health agency under a certificate of need for each county in which it provides services. Payments must be approved by Medicare, as they must be for any other home health agency.

5. When did you first become employed by the Mercy Nursing Home?

A: I first became employed by the Mercy Nursing Home in or about 1959, while I was still a medical student.

6. What was your position at the Mercy Nursing Home? Please describe your responsibilities and activities at the nursing home.

A: When I was first employed at the Mercy Nursing Home, I worked under the supervision of a licensed doctor to provide any needed medical care to the residents. In or about the late 1960s, I became the Medical Director of the nursing home. In that capacity, I oversaw the medical procedures at the nursing home, referred patients as needed to outside physicians for medical care, and otherwise supervised the medical needs of the residents.

7. As Director of the Arkansas Department of Health (ADH), did you play any regulatory role with respect to nursing homes?

A: The ADH does not play any regulatory role with respect to nursing homes.

8. What financial responsibilities did you have in relation to nursing homes as Director the ADH?

A: As Director of ADH, I had no financial responsibilities in relation to nursing homes. See response to Question 7 above.

9. What state or federal assistance would the Mercy Nursing Home have received?

A: The Mercy Nursing Home would have received Medicare and Medicaid payments, as do most nursing homes in the state.

10. According to a letter from the ADH dated April 18, 1989, (Appendix A), the ADH's home health agency operates on "reimbursements from Medicare and Medicaid," among other public funds. Do you see any conflict of interest in receiving a salary from a nursing home, while simultaneously serving as the Director of the ADH?

- A: I saw no conflict of interest whatsoever in receiving a salary from a nursing home while simultaneously serving as the Director of ADH. As noted in response to question 7, ADH did not regulate nursing homes. The fact that ADH has a home-health agency that operates on "reimbursements from Medicare and Medicaid" did not in my judgment create a conflict of interest.

11. During testimony before the Committee, you indicated that you served simultaneously as Director of the ADH and as the medical director of the Mercy Nursing Home for "...nine months or so." You stated that the nursing home closed only "...months after (you) became health director". You became Director of the ADH in October 1987, yet your 1989 financial disclosure indicates you were still being paid by the Mercy Nursing home in 1989. Did you hold both of these positions simultaneously for only nine months? Please clarify.

- A: I do not have any record of precisely when I ceased working as the Medical Director of the Mercy Nursing Home. As best I now recall, I ceased working at the Mercy Nursing Home in or about November 1989 or until all patients requiring nursing home care were transferred to other facilities. The disclosure form filed in 1989 listed my salary for the 1988 calendar year. The form that would have been filed in 1990 would have reflected the Mercy Nursing Home income received in calendar year 1989.

At the time of the hearing, I was under the impression that the nursing home had closed in 1988. Upon reflection, I believed that the nursing home may have closed in 1989.

12. Were there any contractual agreements between the State of Arkansas and Mercy Nursing Home?

- A: I have no knowledge of any contractual agreements between the State of Arkansas and Mercy Nursing Home. The Mercy Nursing Home had a certificate of need issued by the state of Arkansas.

13. As Director of the ADH, did you ever file any recusals with respect to Mercy Nursing Home?

- A: I do not recall any issues that related in any fashion to the Mercy Nursing Home coming before me as Director of the ADH. As a result, I have no recollection of ever filing a recusal with respect to the Mercy Nursing Home.

14. Was Audrey Ruffin ever an employee of the Mercy Nursing Home? If so, was this at the time that she was employed to care for Leona Elders?

- A: As I stated in response to Question 2, Ms. Ruffin was at one time an employee of the Mercy Nursing Home. I do not recall whether she may have continued to work there on a part time basis after she was hired by my father-in-law to care for Mrs. Elders in the summer of 1988.

15. According to the Associated Press, Mercy Nursing Home's 85 beds were assigned to another facility. What facility was the Mercy Nursing Home assigned to? What role, if any, did the ADH have in this assignment?

- A: The Mercy Nursing Home sold its certificate of need to another facility. ADH had no role in this sale.

NATIONAL BANK OF ARKANSAS

1. You testified on Friday that you had been reprimanded by the Comptroller of the Currency as a director of the National Bank of Arkansas ("NBA"). You further testified that the Comptroller of the Currency found that you and your fellow directors did not, in the opinion of bank examiners, take adequate action to correct the activities of bank management that had previously been cited. What unsafe and unsound banking activities was the management cited for?

A: Management of the NBA was cited by the Comptroller of the Currency for loans in excess of lending limits, inaccurate call reports, improper investments, improper loans to an affiliate, and excessive investment in bank premises.

2. Did these involve loans to a Little Rock business man named James R. Hodges?

A: Yes.

3. Did you know Mr. Hodges? If so, what was your relationship to him?

A: I did not know Mr. Hodges.

4. At what point did you become aware that the National Bank of Arkansas had extended loans totaling \$2.82 million to Mr. Hodges over a period of five years?

A: I became aware through briefings on the examination report that the OCC was taking the position that the National Bank of Arkansas had extended loans exceeding the lending limit to Mr. Hodges and his affiliated companies. I was not aware at the time the National Bank of Arkansas extended the loans to the various entities that they were affiliated with Mr. Hodges. As a result, I was not aware that the NBA was exceeding the loan limit. According to Ronald Tullos, then President of NBA, the loan officer failed to disclose to bank management and the Board of Directors that the entities were affiliated.

5. Were you present at any board meetings during which the loans to Mr. Hodges were discussed?

A: After the OCC examination report, I was present at several board meetings where the board discussed methods of bringing the Hodges-related loans into compliance with the lending limit.

6. Did you vote with other directors to approve a loan to a Mr. Dan Walker of First American Savings Association of Benton, Illinois?

A: I have no specific recollection of voting with the other directors to approve a loan to a Mr. Dan Walker of First American Savings Association of Benton, Illinois. I may have done so.

7. Were you aware of a commitment from Mr. Walker to guarantee a loan to Mr. Hodges that would permit Mr. Hodges to repay the National Bank of Arkansas?

A: If there was such a commitment, I was unaware of it.

8. Did you agree with other directors to approve this illegal transfer of funds? If not, did you vote or otherwise express your opposition to this illegal activity?

A: I was not aware that the loan to Mr. Walker was improper in any fashion, and to my knowledge none of the other directors believed that the loan to Mr. Walker was improper or unlawful. Since I was unaware that the loan was improper, I did not express my opposition to the loan. Had I known that the loan was improper, I would have opposed approval of the loan.

9. What other safety and soundness violations was management cited for?

A: See response to Question 1 above.

10. What corrective actions were called for by Comptroller of the Currency?

A: As I recall from the briefings at board meetings around the time of the issuance of the OCC examination report, the OCC called for tighter procedures to ensure that the NBA did not engage in investments exceeding the loan limit, to prevent the filing of inaccurate call reports, to monitor closely all investments, to prevent improper loans to an affiliate, and to preclude excess investment in bank premises.

11. Which corrective actions were taken, in the judgment of the banking examiners?

A: I believe that the banking examiners acknowledged that the bank had taken some corrective measures including adoption of policies to minimize the likelihood of future violations of the lending limits.

12. Which were not taken?

A: I believe that the bank examiners took the position that the bank had not taken sufficient steps to obtain repayment of the Hodges-related loans. Bank examiners also believed that the bank had taken insufficient steps to collect on a loan involving an affiliate. As to a number of the other alleged issues, the bank examiners acknowledged that they were not brought to the attention of the bank until after I was no longer a director.

13. You also testified on Friday that you and other directors had voted yourselves an unsecured \$230,000 line of credit. You said that you abstained on the vote to extend you that same line of credit. Was this a "round robin" vote -- in other words, did you abstain from voting on your own line of credit while voting to establish such a line of credit for others, and did other directors do the same?

A: I did not testify that the directors of the bank voted themselves "an unsecured \$230,000 line of credit." To the contrary, I testified that I believed that the "line of credit" represented a lending-limit and was not in and of itself an extension of credit on which I could draw. As I testified, all loans that I thereafter obtained from the NBA were individually approved as required and at rates and terms generally available to other borrowers. As I recall, the votes of the Board of Directors to establish these lending limits occurred during one meeting in 1981 and one meeting in 1982. On each occasion, I abstained from voting with regard to my "line of credit" limit.

14. At the hearing, you were asked whether you recused yourself "from discussion or approval by the board of any loan that you had requested." Your answer was that you had abstained from the vote giving you a \$230,000 unsecured line of credit. Did you also recuse yourself from discussion or approval by the board of other loans that you had requested from the NBA?

A: I do not recall whether the particular loans that I sought from the NBA were individually approved by the board and whether I attended the meetings if such approval occurred. At such a meeting, I would have recused myself from discussion or approval by the board of such loans to myself.

15. Are you able to serve as a director of a financial institution without obtaining clearance from federal banking regulators?

A: I believe that the federal banking regulators approve directors of a federally chartered financial institution. There was no other restrictions on my ability to serve as a director as a financial institution.

16. In your position as a director of the board of the Arkansas National Bank, did you violate federal law? Did you violate the National Banking Act?

A: As I testified at the hearing, I was briefed at board meetings on the content of examination reports by the OCC and the president of the board. I was advised that all directors were cited in the examination report as having violated national banking laws and safety and soundness laws relating to their failure to supervise bank management. I was advised that the examination report did not find their activities to be criminal.

NORPLANT FOR PROSTITUTES

1. During a phone in program called Talk Live, you were asked what you would do with crack addicted prostitutes who get pregnant. You responded, "I would hope that we would provide them Norplant so they could still use sex if they must to buy their drugs and not have unplanned babies." Would you recommend we use federal funds for this purpose?

A: I would, of course, strongly urge women not to use crack or engage in prostitution. Those women who do engage in prostitution should use barrier methods to protect themselves and their partners from disease. I also would encourage use of a highly effective contraceptive method like Norplant to prevent unwanted pregnancies. The FDA has approved of the use of Norplant as a contraceptive and Norplant is included as a covered device by Medicaid in all 50 States. As with any contraceptive, Norplant is only provided to women who give their informed consent for the procedure.

Certainly, Norplant is only distributed with informed, written patient consent.

2. Are you at all concerned about linkages between drug abuse, prostitution and the spread of AIDS?

A: Yes. Drug abuse and prostitution are among the causes for a rising rate of HIV infection among women. We need primary prevention to help women avoid drug abuse and we need more intervention and access to comprehensive services for women who desire to stop their drug addiction or prostitution. Currently, we have many more women asking for these services than we have spaces available.

PAY ISSUE

1. A series of opinions prepared by the Office of the Attorney General for the State of Arkansas indicate that you had a special arrangement to receive a salary in excess of the cap that applied to all other state employees, including the Governor. Under this arrangement, the Department of Health, which you headed, transferred the amount of your salary (and, at least in some years, additional funds as well) to the University of Arkansas Medical School. UAMS then added more money to the sum that had been transferred from the Health Department and paid you as a faculty member. When did this unique salary arrangement begin?

A: I believe that the salary arrangement began in fiscal year 1987-88. I do not believe that the arrangement is unique. Several other states, including Florida, Texas, and Washington, D.C. have similar arrangements to encourage medical professionals to accept supervisory positions in their respective departments of health.

2. Did the Attorney General approve this arrangement? If so, for which years was approval given? For which years was approval not obtained?

A: It is my understanding that the Attorney General was not asked to approve the method by which I was compensated. My understanding is that the Arkansas Department of Finance and Administration approved the contract each year.

3. Did the Chief Fiscal Officer of the state approve this arrangement? If so, for which years was approval given? For which years was approval not obtained?

A: Yes. The Department of Finance and Administration, which is headed by the Chief Financial Officer, approved this arrangement in each year.

4. With whom did you negotiate this arrangement? Was the Governor involved in these discussions?

A: I did not negotiate the contract, which was between the University of Arkansas Medical School ("UAMS") and the Arkansas Department of Health. The Governor initially offered me the position, but I informed the Governor that I could not accept the position if it required me to resign from my tenured faculty position with UAMS and to take a reduction in salary. I do not know whether or to what extent the Governor was involved in the discussions between UAMS and the ADH.

5. An April 7, 1988 Attorney General opinion stated: "An employee of a state agency who is drawing the maximum salary with that agency would presumably be drawing in excess of that maximum upon receipt of any salary or stipend received by virtue of a contract or employment with another state agency." Prior to the issuance of this opinion, did you receive any salary or stipend from UAMS in excess of the maximum salary set by the state legislature for the Director of the State's Department of Health?

A: My salary was approved by the appropriate state authorities and it is my understanding it did not violate applicable state law.

6. Did you receive any salary or stipend from UAMS in excess of the maximum salary set by the state legislature for the Director of the state's Department of Health subsequent to the issuance of the April 7, 1988 Attorney General's opinion?

A: See answer to Question 5 above.

7. An Attorney General opinion dated July 11, 1990 described your pay arrangement as follows:

"The Department of Health takes the \$72,907 appropriation for the director's [i.e., the Director of Health] salary and pursuant to A.C.A. 19-4-526, has it transferred to a budget classification for professional services contracts, and then pays the salary, plus an additional \$14,717 from unidentified sources, to UAMS, which uses it to help pay Dr. Elders's UAMS salary. Thus, this sum is paid by the Department of Health to UAMS, and then paid by UAMS to Dr. Elders as a part of the total compensation she receives from UAMS."

Since you were Director of the Department of Health, can you please describe how this transfer of funds from the agency you directed to UAMS was accomplished?

A: It is my understanding that the Department of Health forwarded each month one-twelfth of my annual salary as the Director of Health to UAMS. There, it is my understanding that the payment was commingled with funds UAMS receives from all other sources.

8. Can you also explain where the \$14,717 of additional Health Department funds came from? Were they taken from a state health program? Were they taken from state personnel funds? If not, where did this money come from?

A: It is my understanding that the additional funds came from the Department's general operations budget, derived from its state appropriation.

9. Did the Chief Financial Officer and relevant agency heads certify that the performance of your work as Director of the Department of Health would not interfere with your duties as a faculty member at UAMS?

A: No. The Department of Health and UAMS jointly made that determination.

10. What were your duties as a faculty member of UAMS during your tenure as Director of the State Department of Health?

A: I performed occasional services such as publishing scholarly articles, taking medical students on rounds, and lecturing at UAMS seminars. I also served on the Human Research Advisory Committee and was a member of the faculty in the division of Pediatric Endocrinology and performed duties such as clinics rounds and consultations with faculty, students and housestaff.

11. Did your "personal services contract" for years after 1991 provide for you to receive additional compensation beyond the amount that you were entitled to receive in your capacity as Director of the Department of Health?

A: I did not have a "personal services contract." The contract was between UAMS and the Department of Health.

12. Were you also paid by the Arkansas Children's Hospital at any point in your tenure as Health Director? If so, how much were you paid, and during what time period did you draw this pay? What conflicts of interest did this create since, as Health Director, you had certain administrative responsibilities for the hospital?

A: I was a member of the University of Arkansas School of Medicine faculty which provided professional services to Arkansas Children's Hospital. I had an appointment at Arkansas Children's Hospital as a Professor of Pediatric Endocrinology. I did not receive a separate salary from the Arkansas Children's Hospital. As a result, I saw no conflicts of interest in my role there.

13. What discussions have you engaged in with officials of the U.S. Department of Health and Human Services or any officials of the United States government to allow you to draw a salary in addition to the salary appropriated by Congress for the Surgeon General of the United States?

A: I have had no discussions with officials of the U.S. Department of Health and Human Services or any officials of the United States government concerning allowing me to draw a salary in addition to the salary appropriated by Congress for the Surgeon General of the United States.

SEX EDUCATION

1. Is it true that you believe sex education should begin in kindergarten? (Arkansas Gazette, July 3, 1988). You are quoted as saying "We taught them what to do in the front seat. Now it's time to teach them what to do in the back seat." (Evening Times, West Memphis, Ark.)

A: I have never said "sex education" should begin in kindergarten. I believe in age-appropriate, comprehensive health education in grades K - 12. I have made the statement concerning the front seat/back seat. All schools in America teach driver's education because we recognize the importance of providing our children with the skills necessary to negotiate on our freeways. We teach them not to drink and drive, to wear seat belts and to obey traffic regulations. I was just reflecting on my belief that we need to also recognize the need to provide our children with adequate tools to negotiate life's highways. Hopefully, that means the ability to say "no" to sex, until they are married. We would all want this for our children. However, if they do not adopt that value, then I would hope that we could at least teach them to be responsible so they do not bring another life into this world until they are ready to accept the overwhelming responsibility that childrearing brings to parents today.

2. What do you mean by sex ed in kindergarten? Are you familiar with any of the literature developed for students by Marcia Quackenbush? One of the books "A Kid's First Book About Sex" is described by the author as an introduction to sexuality for young readers. The table of contents reveals chapters on "Your Body, Nudity, Touching, What is Sexy, Sex Parts, Feeling Sexy (Orgasm), Masturbation, Sexual Intercourse, etc...)" Are these the types of subjects you think should be discussed with pre-schoolers?

A: I have never used the term "sex ed" for kindergarten students. I believe in comprehensive age-appropriate health education. That means teaching children the "need to know" information concerning their health, their bodies and themselves. For very young children, that means teaching them that there are places on their bodies that nobody should touch and if someone does, they should go tell somebody about it. It means teaching them about nutrition, personal hygiene, the health consequences of tobacco use, alcohol abuse and drug abuse. We need to teach health education like we teach math, every day in our classrooms. Instead, too many of our programs only offer a thirty minute lecture once a month or so. This strategy will not effectuate behavioral change in our young people. Good health must become a way of life. To do this, yes, we must start early.

I am not familiar with Ms. Quackenbush's work.

SOCIAL SECURITY AND FICA

1. Could you or your husband have told Audrey Ruffin what her responsibilities were?

A: Audrey Ruffin's responsibilities were established by Oliver B. Elders, Sr. when he hired her in the summer of 1988. At that time, she was given the duties of caring for my mother-in-law, Mrs. Elders. Ms. Ruffin did not perform services for my husband and myself, and I believe that, had we directed her to perform services for my husband and myself, she would not have done so.

2. Could you or your husband have told Audrey Ruffin when to come to work?

A: As I testified at the hearing, when Ms. Ruffin was not at our home, my husband and I had responsibility for caring for Mrs. Elders. As a result, we would attempt to coordinate our schedules with Ms. Ruffin to ensure that Mrs. Elders received needed care.

3. Please provide a break down of the \$15,300 in back taxes and penalties you paid. Was this all in connection with the taxes due on the wages of Audrey Ruffin? Are any additional amounts due?

| A: | Form 942 | Form 940 | Total |
|------------|-------------|-------------|-------------|
| Taxes Owed | \$ 7,792.72 | \$ 1,996.40 | \$ 9,789.12 |
| Penalties | 1,843.73 | 499.10 | 2,347.83 |
| Interest | 2,511.97 | 666.39 | 3,178.37 |
| Total | \$12,153.42 | \$ 3,161.89 | \$15,315.32 |

Forms 942 and 940 relate to the payment of Social Security taxes on wages paid and federal unemployment taxes for a portion of the total wages paid by Mrs. Elders. I am advised by the accountant who assisted in this matter that no additional amounts are due, and that Mrs. Elders may receive a refund because certain of his estimates of penalties and interest may be overstated. Moreover, the \$15,315.32 includes both the employer and the employee social security tax payments.

4. If you had not been nominated for this position, when would you and your husband have paid these taxes?

A: As I testified at the hearing, I regarded Mrs. Elders as the employer of Ms. Ruffin, and she was paid out of Mrs. Elders's income. Mrs. Elders received income from retirement benefits and rental property that she owns. That income was deposited into the joint checking account of myself and my husband. My husband and I then paid Ms. Ruffin from our joint account. Mrs. Elder's income was sufficient to cover the payments to Mrs. Ruffin.

I did not regard the payment of social security taxes on the salary of the nurse employed by my mother-in-law as my responsibility. As a result, I did not focus on the nature of Ms. Ruffin's services for Mrs. Elders, and any attendant tax liability that Mrs. Elders may be incurring. Following the increased attention in this area since January 1993, and as I began to prepare for my confirmation hearing, I decided it was necessary to address this issue. Although I do not believe that my husband's failure, under his power of attorney from his mother, to pay the social security taxes for Ms. Ruffin is my responsibility, I decided to insist that the taxes be paid prior to the hearing to avoid any possible issue.

5. During testimony before the Committee, in response to a question regarding your familiarity with the procedures for hiring and paying private health care providers, you stated that it was your understanding that "... private-duty nurses really are independent consultants or independent contractors and they handled their own finances."

A letter received on July 26, 1993, by this Committee (see Appendix A), dated April 18, 1989, from the Arkansas Department of Health in response to an IRS inquiry, indicates that your Department was informed by the IRS that the ADH was in violation of the law for treating personal care aides as "independent contractors."

(a) Please explain how, in light of this letter, you were still not aware of the proper withholding practices for personal care aides?

A: As Director of ADH, I was generally aware that the issue of the proper tax treatment of personal care aides was being raised by the Internal Revenue Service. In our agency, the matter was being handled by Finance Department at ADH. I was not aware at the time of the criteria for determining when a home health aide was an employee as opposed to an independent contractor.

(b) If you were unaware of this letter, please state how, as Director of ADH, you administered inquiries by a federal agency regarding violations of federal law by your Department.

A: I recall that ADH immediately responded to the IRS letter, determined whether our practices were consistent with the requirements of the law, and adjusted our practices to ensure compliance.

(c) If you are confirmed by the Senate, please fully state how you would implement review procedures to ensure that the Public Health Service is administered in complete compliance with the law and managed with proper responsibility.

A: If confirmed as Surgeon General, I am committed to maintaining the highest standards of ethical behavior and compliance with the law both by myself and the Public Health Service over which I have authority. Also as Surgeon General, I will impose rigorous controls and oversight as necessary to ensure proper compliance with all legal, regulatory, and ethical requirements.

6. Could you please supply the Committee with copies of the correspondence from the IRS to the ADH regarding the issues?

A: I am no longer the director of the ADH, and do not possess copies of the correspondence from the IRS to the ADH regarding these issues.

SPROLES HOME HEALTH AGENCY

1. Was there any relationship between Tommy Sproles' Home Health Agency and the Mercy Nursing Home?

A: No, to my knowledge, there was no relationship between Tommy Sproles Home Health Agency and the Mercy Nursing Home.

2. Were you ever a shareholder in either the Mercy Nursing Home or the Home Health Agency?

A: No, I was never a shareholder in the Sproles Home Health Agency or the Mercy Nursing Home.

3. Were Audrey and/or Rose Ruffin ever employed by or connected in any way with Tommy Sproles and/or the Home Health Agency?

A: No, to my knowledge, neither Audrey nor Rose Ruffin was ever employed by or connected in any way with Tommy Sproles or the Home Health Agency.

TEEN PREGNANCY

1. You stated as State Health Director....

a. We haven't given abstinence a chance—so how can you say that abstinence won't work? Further, given these facts, how can you say that the current approach does work?

- A: I support abstinence as the best choice for young women. I do not feel that we can rely only on abstinence messages because this does not provide any help to those young persons who do decide to become sexually active. For this reason I believe that information on sexuality and contraception must be provided along with abstinence information. Programs which have provided both abstinence and contraception information within a comprehensive framework—such as the Reducing the Risk program and the Postponing Sexual Involvement program have shown both increased postponement of initiation of sexual activity as well as improvements in contraceptive practice among those teens who do become sexually active.

Provision of family planning programs does not cause sexual activity. Most teens are sexually active for almost a year before they seek contraception from a family planning clinic. Increases in the funding for family planning and sexuality education programs followed, not preceded, the increase in teen sexuality activity and sexually transmitted diseases. The failure of these programs to stem the problems can be more accurately attributed to the inadequate funding they have received over the past decade; indeed, the Title X program currently has only about half the purchasing power it had in 1980.

- b. If you had no success in Arkansas in reducing the rate of teen pregnancy, why should we believe you will have any success in implementing the same plan on a national level?

- A: To the contrary, we did have success, although not as much as I would have liked, on reducing the rate of teen pregnancy. This is a task which requires the involvement of teens, their parents, schools, communities and community leaders and the media which glorify sex as safe and costless and glamorous. A state health director or Surgeon General can work to coalesce these forces, but it will not be until they adopt the message that real progress will begin to be made.

- c. You have blamed the failure of your plan to reduce Arkansas' teen pregnancy rate on "Poverty and ignorance and the Bible-belt mentality." Would you please comment on that?

- A: The statement is not in response to the failure of my plan to reduce Arkansas' teen pregnancy rate but rather is a statement concerning the continuing increase in the teen pregnancy rate on the national level.

2. On the issue of the minority children born to teenagers, you have been quoted as asking, "Why should we want a race of black people who are retarded, ignorant and poor?" (The New York Times, October 15, 1989) Do you really believe that children born to teenagers are "retarded, ignorant, and poor"? Jesse Jackson appeared before this committee yesterday to testify on adoption of African American children and he told the committee how he was born to (SIC) teenager, and was later adopted. Surely you don't mean to imply that all or even most of the children born to teenagers are necessarily ignorant or retarded?--

- A: Children born to teenagers are 80% more likely to be poor, are 12% more likely to be a low birth weight baby, and more likely to be in a special education class. No, I do not mean to imply that all or even most of the children born to teenagers are necessarily ignorant or retarded, but we would like for all children to have two nurturing parents and to be planned and wanted.

3. In February of this year the Washington Post reported you told the American Medical News that teenage mothers and their babies make up America's newest slave class. "If Medicaid does not pay for abortions, does not pay for family planning, but pays for prenatal care and delivery, that's saying, "I'll pay for your to have another good, healthy slave, but I won't pay for your to use your brain and make choices for yourself...If you are poor and ignorant, you are a slave. (Washington Post, 2/16/93).

One month later you were quoted as saying, "The public assistance tab for teen mothers and their children came to \$26 billion in 1991, up from \$19.3 billion four years earlier. Single, unemployed with no job skills and on welfare, children who have children constitute America's newest slave class." (Los Angeles Times, March 8, 1993)

Could you please elaborate?

A: I am a proponent of access to family planning services for poor women to enable them to avoid pregnancy if that is their wish. Although we as a Nation focus our time and resources on health care for pregnant women and their children, we do not focus enough on preventive health measures such as family planning that can assist women in planning or delaying their pregnancies until they are best able to care for their children.

This is evidenced by the fact that in FY 1992, the estimated Federal share of Medicaid funding for all maternal and infant care was \$5.0 billion, while the Federal share of Medicaid funding for family planning services was just \$405 million. In addition, over the last decade, after adjusting for inflation, there has actually been a decrease in Title X funding for family planning services, the Federal government's major source of grant funding for family planning services to poor women.

With regard to Medicaid, although Medicaid expenditures for family planning services have been increasing, because States use different sets of income guidelines to determine Medicaid eligibility, coverage for family planning services for poor women varies greatly by State.

In addition, while Medicaid regulations require States to provide obstetrical coverage for pregnant women whose incomes are up to 133 percent of poverty for a period of 60 days post partum, most poor women who are not pregnant can only receive Medicaid coverage (and therefore reimbursement for family planning services) if they qualify for AFDC. And income eligibility criteria varies greatly from state to state — for example in Arkansas, individuals are eligible for AFDC payments only if their income falls below 21 percent of the Federal Poverty Guidelines.¹

^{1/} Medicaid Source Book: Background Data and Analysis (A 1993 Update) A report prepared by the Congressional Research Services for use by the Subcommittee on Health and the Environment of the Committee on Energy and Commerce. January, 1993 P. 746

4. Upon what sources did you base the statistic that 60% of American children are "unplanned and unwanted?"

- A: My information source was a publication from the National Center for Health Statistics using data from the National Survey of Family Growth. In 1988 among never-married women aged 15-44 65% of the children born to them were unplanned and unwanted. [39.8% mistimed and 25.4% unwanted] In this report a pregnancy was classified as "unwanted" at conception if the woman had stopped, or had not used, contraception for reasons other than seeking pregnancy, or if she had become pregnant while using contraception and had not wanted a baby. Births that were wanted but occurred sooner than desired were classified as "mistimed." "Unintended" births are those that were either unwanted or mistimed.

APPENDIX A



Arkansas DEPARTMENT OF HEALTH

4015 WEST MARKHAM STREET - LITTLE ROCK, ARKANSAS 72205
TELEPHONE AC 501 661-2000

M. JOYCE ELDERS, M.D.
DIRECTOR



*copy for [unclear] A
+ [unclear] Team
more info. later*

April 18, 1989

Mr. Paul Southard
Internal Revenue Service
First Federal Building, Room 430
401 N. Capitol
Little Rock, AR 72201

Dear Mr. Southard:

This letter is in response to your inquiry regarding our treatment of Personal Care Aides, Registered Nurses, Physical Therapist, Speech Therapists, Licensed Practical Nurses, and Occupational Therapists as "Independent Contractors."

Our home health agency operates on public funds: a mix of state funds, reimbursements from Medicare and Medicaid, and some Veteran's Administration. As such, we are expected to provide care for people regardless of whether or not they have a third-party payment source for the care. Our patients are typically suffering from a major illness (cancer, stroke, heart disease, new diabetes, etc.), or are so frail that they are about to enter a nursing home. These services are generally the critical factor in the patient's being able to remain at home, using family support in a loving environment.

We have been under the belief that a selected group of our "personnel" were appropriately classified as independent contractors, since we do not directly supervise them, but rather provide them with a Care Plan for their professional services. They do have the latitude to refuse assignments, and to select their own working hours.

However, in reviewing the documentation which you sent to us, we understand that we should be treating these workers as "employees."

We have met with the Arkansas Department of Finance and Administration, with our Accounting and Financial Management sections, and with our data systems managers, and have made the following plans for complying with recent IRS rulings. As you review these plans, please keep in mind that we are a statewide organization which must collect information from personnel in 75 counties of Arkansas.

LETTER TO MR. SOUTHARD

April 17, 1989

Page 2

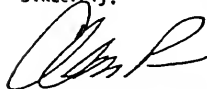
1. We will pay both our portion and the employees' portion of FICA for the period January 1, 1989 through June 30, 1989. We will do this because we do not feel that we can guarantee to you that we will have the necessary withholding systems in place prior to that date.

On July 1, 1989, we will begin standard withholding for those employees which we had previously considered "independent contractors." (This will necessarily include meetings with the employees, collection of necessary tax information, as well as computer changeovers, restructuring of data systems, etc.)

2. We will process the first batch (both employees' and employers share) of FICA payments for one group of personnel which comprises the majority within two weeks. We will phase in FICA payment for the remaining individual employee groups by the end of May. We will spend June accumulating tax information statewide necessary for the withholding process.
3. We will provide you with a status report on June 15, 1989, and on July 30, 1989.

We hope that this plan is acceptable to you; we appreciate your calling the matter to our attention—we honestly thought we were operating in accordance with applicable rules. If we can provide any further information, please don't hesitate to call us.

Sincerely,



Clay Parton, Director
Division of In-Home Services

cc: Nancy Kirsch
Rob Robinette
Tom S. Butler
Jim Mills

RESPONSES OF M. JOYCELYN ELDERS, M.D.
TO
QUESTIONS SUBMITTED BY
SENATOR NANCY LANDON KASSEBAUM

ROLE OF THE SURGEON GENERAL

You were preceded in your role by two surgeon generals who successfully advocated different public health causes. Dr. C. Everett Koop led a national crusade against tobacco use and called for preventative measures to curb the spread of HIV. Dr. Antonia Novella focused the nation's attention on the adverse effects of alcohol usage and abuse, especially among teenagers.

Q: What are your goals in your role as health advisor to the Nation?

A: The role of the Surgeon General as I see the office and understand it at the present time is articulated in a document I am attaching to these responses. (See Appendix A). Some of these views were given in my opening statement to the Committee. As Surgeon General, my goal will be to improve the quality of life by:

- preventing chronic and infectious diseases, including cancer, heart disease, hypertension, tuberculosis and AIDS;
- reducing teen pregnancy, infant mortality and morbidity;
- eliminating the serious disparities in health problems which minority groups experience;
- preventing and reducing the toll of injuries and disabilities in our society;
- improving women's health; and
- providing care and services for our elderly so they can live in dignity and comfort during their final years.

Q: What public health causes do you plan to advocate?

A: I will be a strong advocate for programs outlined in this brief, in addition to other major public health issues seen as needs by the Congress, President and the American people.

Traditionally, the Surgeon General has been the nation's health policy advisor. Under a proposed reorganization of the Office of the Assistant Secretary for Health, I understand you could be assigned roles different than previous surgeon generals. If the reorganization occurs, you would be the direct supervisor of the Office of Women's Health, Minority Health, Disease Prevention and Health Promotion and Population Affairs.

Q: Is this true? How will your role be different than previous surgeon generals? Why is there a change in the role of Surgeon General? To whom will you report, Dr. Lee or Dr. Shalala?

- A: Under the intended reorganization within the Department's Office of the Assistant Secretary for Health, the role of the Surgeon General will be expanded. The Assistant Secretary for Health will remain the head of the United States Public Health Service, while the Surgeon General manages the PHS Commissioned Corps personnel system and serves as the health advisor to the nation.

The expansion of the Surgeon General's role entails placing four programs within the Public Health Service under the Surgeon General's supervision. These programs include the Office of Women's Health, Office of Minority Health, Office of Health Promotion and Disease Prevention, and Office of Population Affairs. Since these programs are located in the Office of the Assistant Secretary for Health, a major reorganization and relocation is not required.

Although I look forward to working closely with the Secretary, I will report if confirmed to the Assistant Secretary for Health, Dr. Philip Lee, just as my predecessors have.

Q: What is your top priority for each of the offices you will direct? A large role of each of these offices is to coordinate activities across the entire Public Health Service. In your role, will you also try to prevent unnecessary duplication of efforts across the Public Health Service?

- A: I want the opportunity to study the current activities of these Offices in more detail before I decide the priorities for these programs. I do intend to work toward preventing the duplication of effort across the Public Health Services. However, eliminating duplication is not enough. Based on my experience in Arkansas, I know that we must improve the coordination of effort in our programs and increase flexibility.

TEEN HEALTH

In Arkansas, you initiated different programs to improve the health of teenagers. You are credited with expanding the number of school based health clinics. In addition, during your tenure, the Arkansas teenage pregnancy rate climbed, but at a lower rate than the nation's.

Q: What are the most pressing health problems facing teenagers today?

- A: As I have stated in my testimony, all too often I have seen bright young people all over this country surrounded by social problems which negatively impact their health such as drugs, alcohol, violence, homicide, suicide, AIDS and teenage pregnancy.

The overall health profile of teenagers is distressing especially when reviewing the morbidity and mortality associated with adolescent's poor or high-risk health behaviors:

- (1) According to data from the CDC, in 1987 and 1988, about three-fourths of all deaths among U.S. young people aged 10-24 years were related to only four major causes: motor vehicle accidents (36.8%), homicide (13.7%), suicide (12.1%), and other injury (11.9%).

(2) In addition, over the last decade, drug abuse, alcohol and cigarette use and unprotected sexual intercourse among adolescents have become a significant health problem contributing to high rates of adolescent morbidity.

(3) All too frequently, these health and social problems are interrelated. As many as one in four adolescents are considered to be "at risk" for school failure, delinquency, early unprotected sexual intercourse and substance abuse.

Q: What were the most successful initiatives you undertook in Arkansas to improve the health of teenagers, and why do you think they were effective?

A: A combination of various initiatives have contributed to efforts to improve adolescent health in Arkansas. The key is focusing public attention the health concerns of young people, educating both public health personnel and the general public, and making health services accessible through approaches such as school-based or school-linked health initiatives.

I think efforts such as the Arkansas "time bomb" initiative and the community health promotion project are examples of successful initiatives. The "time bomb" initiative was a joint venture between the Arkansas Department of Public Health and the local NBC affiliate to target PSA's at youth. This particular initiative won a Peabody Award. Another example is the Community Health Promotion Projects which through funding from the Kaiser Foundation provided support for five community based projects to work with adolescents in areas that had high rates of teenage pregnancy.

Q: In your role, do you plan to advocate for a Federal program of school based clinics? If so, what role should the parent play in these settings?

A: Yes, I do plan to advocate for the establishment of school based clinics with full participation by local communities.

The role of parent in a school based setting is one of partnership with the health care provider and the school. In Arkansas, no service is provided to the student without the consent of the parent. The parent chooses and consents to the services provided to their child and works together with the school and health care provider to keep the child healthy and ready to learn.

TEEN PREGNANCY

Q: I understand that two of the Arkansas School Based Clinics distribute birth control on site. Should all school based clinics do this? If not, who should decide which programs do?

A: The school based clinics in Arkansas that dispense condoms or birth control on-site do so at the request of the local school board. This is, and should be, a local decision of the school board and the school to choose the services to be offered. No service should be provided to a student without the consent of the parent.

Q: What are the best methods to reduce the rise in teen pregnancy across the country? Which of these do you advocate?

A: I believe that the best methods include:

(1) Education: Children who are doing well in school are three times less likely to be teen parents. If children are to do well in school, we must start with early childhood education for all children, especially for those at greatest risk. Children that live in poor socioeconomic environments are also more likely to be teen parents. The combination of doing poorly in school and low socioeconomic status increases risk nine fold. We must also educate parents on how to be good parents and how to educate their children. We need multiple strategies for most adolescents, nurturing parents, supportive community, education, early and continuous availability of health and contraceptive services, in addition to hope for the future;

(2) Development and dissemination of health education curricula: These curricula would be part of a comprehensive health education program which begins in the early grades at age-appropriate levels. I would include education on reasons to delay sexual activity, especially targeted to younger adolescents, but also including complete information on contraceptives;

(3) Support for school based and school linked services: Funding support would ensure the provision of comprehensive health education and services. This support would be provided for those communities that request it;

(4) Increase outreach efforts: Outreach efforts would include disseminating information to demystify clinic procedure as well as to dispel myths and incorrect information about sexuality and contraceptives. Information would be delivered to adolescents through group education and familiarization sessions at clinics, presentations in schools and in other community centers;

(5) Enhanced counseling services; and

(6) Making contraceptives available and accessible to every person who is at risk of having an unintended pregnancy.

I advocate any and all of these methods in order to help reduce the incidence of adolescent pregnancy.

Q: During your tenure, the number of abortions for 15 to 19-year-old women decreased from 2,028 in 1987 to 1,736 in 1991. Why do you think this happened?

A: The absolute number of abortions for 15 to 19-year-old women is dropping partly because the number of teen women is declining. Since all states do not collect information on abortions, accurate national data are hard to come by, but it appears that this decline is a national phenomenon.

MATERNAL AND CHILD HEALTH

While in Arkansas, you implemented policies which appear to have improved the health of mothers and their infants.

Q: I understand the percentage of women who did not receive prenatal care in the first trimester decreased for 33.5 percent to 28.6 percent from 1987 to 1991. What programs did you implement to increase prenatal care? What special initiatives do you plan to address this issues in your role as surgeon general?

A: I'm very proud that the number of women seeking early pre-natal care increased during my tenure. The major programs implemented in Arkansas to increase this number were related to increasing Medicaid coverage from 29% to 185% of poverty and having presumptive eligibility so pregnant women could be Medicaid covered from their initial visit to the health department. Secondly, we had excellent Healthy Babies campaign where mothers were rewarded with coupon books for coming in for early prenatal care. We increased awareness of the entire community of the need for early prenatal care by involving our businesses, schools, churches, civic groups and others. We extended our clinic hours to make services more convenient for mothers. We improved our education of mothers so they would know to come in early and to tell their friends about coming in early. We also improved our public health facilities to make them more user friendly so women would want to come to our clinics to receive early prenatal care.

If confirmed as Surgeon General, I plan to address infant mortality with some of the same strategies developed in Arkansas and other states. We need to evaluate the best of these programs and make them available for all states so they can tailor the programs to fit the needs of their community.

Q: The number of children screened for development and adequate growth increased dramatically in Arkansas during your tenure. You promoted screening in a variety of non-clinic settings, including WIC application centers. Do you plan to address children's health issues in your new role? If so, what are your plans?

A: Early periodic screening diagnosis and treatment (EPSDT) was markedly increased during my tenure at Arkansas. This was again related to making sure that children in the health department received whatever services they needed, whether it was for WIC, immunizations or their EPSDT screen. We took advantage of every opportunity to serve our children.

Secondly, we changed the periodicity schedule for immunizations and well baby check-ups in the State of Arkansas to make it conform more to what pediatricians were doing in their offices.

Thirdly, we made EPSDT forms available in physicians' offices and in health departments so they did not have to be scheduled by DHS, the administrator of Medicaid in Arkansas. This put more responsibility on parents, it allowed them to make their own appointments rather than just be mailed an appointment time by DHS without regard to when parents could best keep their appointment. The "no show" rate for EPSDT decreased.

Fourthly, we increased the awareness and training of our nurses and nurse practitioners, many of whom could do the screening themselves.

I definitely plan to address children's health issues in my new role. I have been a strong advocate for children's health for many years now both as a pediatrician, a pediatric endocrinologist and a health director. I plan to continue these activities. I feel that we cannot educate children if they are not healthy and we can't keep them healthy if they are not educated. I will strongly push for continued early prenatal care for all mothers. I would like for every child born in America to be a planned and wanted child. I would like for that child to be able to be healthy, educated, motivated and to have hope. I would push for early childhood education for all children, especially those at the highest risk. I want to make health services available to all children as a right and not related to their ability to pay.

I will strongly support those concerns which help to strengthen families such as early childhood education, parenting education, male responsibility programs, college scholarships and work for a healthy environment which will allow children to grow up healthy, motivated and with hope.

PUBLIC HEALTH AND HEALTH CARE REFORM

Recently, you called for an expanded role for public health in a reformed health care system. One result of health care reform might be universal insurance for all Americans and a reduction in the financial burden placed on State and local public health departments.

Q: Freed from paying for the costs of health care for many persons, what will be the role of State and the Federal public health in the future? Will there be a need for new Federal public health resources?

A: It would be premature for me to comment on the roles of the State and Federal public health care agencies since the specifics of the President's health care reform plan are still being finalized. However, I believe that the State and local public health departments will continue to play a vital role in meeting the health care needs of their communities.

With regard to additional Federal public health resources, I would not want to preempt the President on this issue. I am sure this will be addressed when the health care reform plan is announced in the coming weeks.

Q: In your position as surgeon general, what type of reorganization do you plan for the Public Health Service's Commissioned Corps?

A: My concern is to make sure that the Commissioned Corps uses its resources to the greatest benefit of the public health. I have several ideas in this regard.

(1) We may decide to provide incentives for medical officers to move out of some administrative positions and into jobs involving the delivery of patient care. I feel that we should use trained physicians to provide needed care in

Indian Health Clinics, and at community and migrant health centers wherever possible;

(2) Also, we should consider options for revising the Corps policies to attract even more health care professionals into public service;

(3) Finally, we should look at how the corps could be used more effectively in case of natural disasters like the catastrophic flood in the midwest.

Q: What role, if any, will you play in the health care reform discussions?

A: I don't know the exact role that I will play in health care reform discussions.

1990 ARKANSAS FINANCIAL DISCLOSURE FORM:

Your 1990 Arkansas Financial Disclosure form is missing from the Secretary of State's office.

Q: Could you provide information regarding the amounts and sources of income you listed on the 1990 form in addition to your salary as director of ADH?

A: For my spouse, the Little Rock School District would have been listed in Section 3. The block "more than \$12,500" would have been checked.

For myself, Mercy Nursing Home would have been listed. The box marked "more than \$1,000" would have been checked.

GIVING ENDORSEMENTS TO GROUPS SEEKING GRANTS FROM THE ADH:

On at least three occasions you gave written endorsements to groups seeking grants from the Arkansas Dept. of Health during your tenure as director of the agency.

Q: Do you feel endorsements for groups applying for funds from the agency over which you presided represented a conflict of interest?

A: On the three occasions that are referenced in this question, I do not believe that my endorsements represented a conflict of interest. It is my recollection that on each of those three occasions, I was unaware at the time that the endorsement was solicited that ADH would be the disbursing of funds.

With respect to the Planned Parenthood letters, my recollection is reinforced by Nancy Liebke, Executive Director of Planned Parenthood of Greater Arkansas. She has written the Committee stating that for the two letters that she solicited from me, she did not inform me that the grant applications would be made to the ADH; indeed, she believed on each occasion that the Centers for Disease Control and Prevention would be funding the grants directly.

Q: If confirmed as U.S. Surgeon General, would you give written endorsements to groups applying to the National Institutes of Health for research grants?

A: No.

ACCRUED VACATION DAYS AS
CONSULTANT TO U.S. DEPT. OF HHS:

During your testimony before the Senate Labor and Human Resources Committee on July 23, 1993 you stated that you had accrued 60 days of vacation from your job as director of the state Dept. of Health which you used as a consultant with the U.S. Dept of Health & Human Services beginning April 18, 1993.

Q: It is my understanding the maximum number of vacation days allowed to be accrued and carried over annually by Arkansas state employees is 30. Could you reconcile this apparent discrepancy?

A: It is also my understanding that the maximum number of vacation days that can be carried over annually by Arkansas State employees is thirty. As of January 1, 1993, I carried over the full thirty days of leave. Thereafter, I earned leave at a rate of 15 hours per month.

Q: How many vacation days (8 hours per day) did you eventually use as a consultant with the U.S. Dept. of Health & Human Services?

A: 28 days.

SALARY ARRANGEMENTS AS
ARKANSAS DEPT. OF HEALTH DIRECTOR

The Arkansas Attorney General has issued at least three opinions appearing to conclude the arrangement under which you were paid a salary by UAMS as director of the ADH, was legally questionable.

Q: Were you notified that you were possibly violating state law by being paid a salary exceeding the legal cap for authorized salaries to state agency directors?

A: See the answers on "Pay Issue" to Senator Coats' questions.

Q: Since you were being paid by both UAMS and the state health dept, could you explain how many hours you continued to work as a professor on the staff of UAMS while holding down the full-time job of state health director?

A: I received a single paycheck from UAMS, where I was a tenured professor of pediatrics. My understanding was that the ADH contracted with UAMS for my services. I performed occasional services for UAMS such as publishing scholarly articles, taking medical students on rounds, and lecturing at UAMS seminars. I also served on the Human Research Advisory Committee and was a member of the faculty in the division of Pediatric Endocrinology and performed duties such as clinics rounds and consultations with faculty, students and housestaff. I estimate that I averaged in the vicinity of 8-10 hours per week on such activities.

AUTHORIZATION OF TOM SPROLES'
CONSULTING CONTRACT WITH ADH:

In early 1990, as director of the ADH, you reportedly authorized a consulting fee of \$18,000 with Tom Sproles who had donated his private Central Arkansas Home Health Agency, to the state health department. You also approved a contract by which the ADH would lease Sproles' building housing his agency for five years at \$21,063 annually.

Q: Could you explain the reason for approving this consulting fee for Sproles as well as the arrangement by which the ADH acquired Sproles' home health agency?

A: In early 1990 two home health agencies in Pulaski County offered their agencies to the Arkansas Department of Health as both of these agencies were failing in terms of cash flow. Prior to being able to negotiate a deal, one of these agencies failed leaving no one in Pulaski County that provided many in-home health services to the poor, minorities and the underinsured. Mr. Sproles's agency fell into this category. Since he had provided services in this community for a long period of time, he wanted to be assured that the personnel and the patients were cared for and that the transition occurred in an orderly manner. The ADH did not have a Home Health Agency in Pulaski County. We wanted to serve this county and needed a consultant with experience to help with patient and physician recruitment. Therefore, we hired Mr. Sproles.

As to the building lease, the State Building Service evaluated and approved the building and equipment lease for the \$21,063 annually.

ARKANSAS DEPT. OF HEALTH FAILURE
TO PAY SOCIAL SECURITY TAXES FOR EMPLOYEES:

Q: Was the Arkansas Department of Health (ADH) cited by the IRS in 1989 for failure to withhold Social Security taxes for personal home care aides who were employed and paid by the ADH?

A: See the answer to Senator Coats' question number 5 under "Social Security."

Q: To the best of your knowledge, how much in back taxes and penalties did the state pay?

A: As I recall, ADH paid back social security taxes in the approximate amount of \$200,000 to \$300,000. The IRS did not assess penalties.

Q: Were you, in your position as director of ADH, held accountable for this omission?

A: I was not held accountable for this omission. I believe that the ADH practice of not withholding Social Security taxes predated my appointment as Director of ADH. When I learned that the IRS had questioned ADH's failure to withhold Social Security taxes, I directed my staff to respond immediately and appropriately to the IRS inquiry. I believe our response satisfied the Internal Revenue Service.

PULSE HOME CARE

In 1992, during your tenure as ADH director, the ADH entered into an exclusive contract with Pulse Home Care, a Little Rock home care staffing agency.

Q: Did this arrangement violate Arkansas government contracting laws and ethics when there were at least 6-7 firms in the state which could have provided this type of personnel staffing?

A: No. Information was sent to all staffing agencies in the state. Two of the three firms made offers. Only one agreed to enter into a contractual relationship with the department.

Q: What criteria did you and your senior ADH staff use in deciding to contract with Pulse to provide home care staffing?

A: There were two criteria: 1) the agency had to be in the staffing business; and 2) the agency could not be a home health agency.

Q: Did you personally authorize this contract between Pulse and the ADH?

A: No. Contracts are usually handled by the local program person and presented to the Deputy Director. All contracts of this nature have to be presented to a legislative committee for their advice. Only if there was a question or if problems arose were they discussed with me. I would then present the contract before the legislative committee rather than the local program director.

In this case, the initial contract was approved by the legislative committee. Only upon an amendment of the contract did I have to appear before the legislative committee. There were several home health agencies in the state objecting to the contract at that time.

Q: How much did Pulse Home Care bill the ADH per hour for home care patient staffing?

A: The billing varied depending on the area of the state. The range is between \$9 - \$24 per hour. The usual rate was \$18 per hour.

Q: How many patients has the ADH referred to Pulse Home Care since the contractual arrangement began?

A: Since November 1992, the total number of patients served for continuous care is forty-four. There are currently twelve patients being provided continuous care. In addition, Pulse may provide nursing staff for occasional intermittent visit services for patients on weekends or in areas where recruitment of nurses is particularly difficult. Pulse provided staff which made approximately 2,000 visits during FY '93.

Q: What percentage of the private home care industry business does this represent?

A: For continuous nursing care, it represents eight to ten percent since there are less than 150 continuous care patients in the state. Of the total home health care, the Pulse contract represents 0.1%.

NARCOTICS FOR MEDICAL USE

You have been quoted as advocating the use of marijuana for patients suffering from glaucoma, cancer, and AIDS.

Q: If confirmed as Surgeon General, would you advocate the use of narcotics for medical use that are currently prohibited by the Federal Government?

A: Research is currently being performed as to the therapeutic benefits of marijuana for such diseases as glaucoma, cancer, and AIDS. I believe the Secretary is planning to review the issue of marijuana's use for those purposes. I support such a review and would, therefore, defer a conclusive statement on the matter until the review has been completed.

I would not, however, advocate any action that was contrary to law or, even if lawful, contrary to the policy of the Department of Health and Human Services.

TEEN PREGNANCY INCREASE

It's been reported that during your tenure as State Health Director, Arkansas' teen pregnancy rate and the incidence of sexually transmitted diseases rose dramatically.

Q: Could you state the actual pregnancy rate and the rate of sexually transmitted diseases during your term and its relation to the national average?

A: Statistics concerning "teen pregnancy" include live births, induced abortions, fetal deaths, and spontaneous abortions of 15-19 year-old women. "Teen fertility" represents the number of live births to women ages 15-19 divided by the total number of women ages 15-19. "Teen pregnancy" represents the number of live births, abortions, and an estimate of fetal deaths to women aged 15-19 divided by the total number of women aged 15-19.

| | | | | | |
|-----------------|-------|-------|-------|-------|-------|
| Arkansas | 1987 | 1988 | 1989 | 1990 | 1991 |
| teen pregnancy. | 105.5 | 108.6 | 113.0 | 118.9 | 118.4 |
| teen fertility | 68.3 | 70.8 | 77.2 | 79.9 | 77.8 |
| **U.S.A. | | | | | |
| teen pregnancy. | 105.8 | 110.8 | n/a | n/a | n/a |
| teen fertility | 50.6 | 53.0 | 57.3 | 59.9 | n/a |

With regard to sexually transmitted diseases (STDs), only cases of syphilis and gonorrhea are recorded age-specifically at the CDC. (Rate is the number of cases (males and females) ages 15-19 per 100,000.)

| U.S.A. | 1987 | 1988 | 1989 | 1990 | 1991 |
|-----------|--------|--------|---------|--------|--------|
| syphilis | 19.2 | 21.8 | 24.9 | 29.9 | 29.8 |
| gonorrhea | 1025.9 | 1032.5 | -1052.5 | 1060.6 | 1098.6 |
| Arkansas | 1987 | 1988 | 1989 | 1990 | 1991 |
| syphilis | 19 | 17 | 22 | 20 | 41 |
| gonorrhea | 1500 | 1400 | 1300 | 1400 | 1222 |

*Arkansas Department of Health

**National Center for Health Statistics, CDC, DHHS

Q: How do you explain this in terms of your emphasis on birth control counseling and free distribution of condoms?

A: Decreases in teen fertility do not happen overnight. But from 1987-1990, teen fertility in Arkansas increased at a slower rate than that in the U.S. The changes may have happened faster if more of the programs and approaches I sought had been implemented. Throughout the state there are 24 comprehensive school health service centers, and 22 schools are on the waiting list for funding to implement already approved student health centers. Only 4 centers currently offer contraceptives as part of comprehensive health services, hardly enough to have an effect on statewide statistics.

INCOMPLETE REAL ESTATE HOLDINGS

It appears that the real estate holdings you listed on the Senate financial disclosure form are incomplete and in some cases, carry an incorrect address for individual properties.

Q: Could you please provide an updated list of real estate properties owned by you and your husband that include correct addresses for each property?

A: Attachment B to these responses is a chart, previously provided to Senator Coats, which updates information on the real estate properties owned by myself and my husband.

RESPONSES OF M. JOYCELYN ELDERS, M.D.
TO
QUESTIONS SUBMITTED BY
SENATOR JUDD GREGG

SCHOOL-BASED CLINICS IN ARKANSAS

1. What proportion of the school districts in Arkansas had school-based clinics in 1990, 1991, 1992 and 1993?

A: See Chart Below

School-Based Clinics in Arkansas

| | 1990 | 1991 | 1992 | 1993 |
|---|------|------|------|------|
| # of schools with SBCs | 8 | 23 | 24 | 24 |
| # of school districts with SBCs | 5 | 14 | 15 | 15 |
| # of school districts in Arkansas | 328 | 323 | 320 | 316 |
| Proportion of School District with SBCs | 1.5% | 4.4% | 4.4% | 4.4% |

Q: How many individual schools and individual school districts, in those year in Arkansas had school-based clinics?

A: See Chart in response to above question.

3. I am aware that the teenage pregnancy rate in Arkansas during the years 1987-1991 went up at about the same rate as the national rate. Has anyone ever studied the teen pregnancy rate within the school districts in Arkansas that had school-based clinics and compared that to the rate for the remainder of Arkansas? If so, what were the results?

A: These studies are presently being done.

4. In Arkansas, some school-based clinics dispense contraceptives and others do not. What proportion do? Is there any evidence that the rate of teenage pregnancy in those that do distribute condoms is lower than in those that do not? If so, please describe it.

A: Only 4 schools in Arkansas dispense contraceptives. Studies are incomplete and are presently being done.

5. Do you have any non-anecdotal evidence that school-based clinics are an effective way to bring down the rate of teenage pregnancy? If so, could you please describe it?

- A: Yes. A school-linked program, designed and administered by The Johns Hopkins School of Medicine and carried out with the cooperation of the administrators of four Baltimore Public Schools, provided sexuality and contraceptive education, individual and group counseling and medical and contraceptive services. An evaluation of the program found that, in addition to increases in contraceptive use and decreases in pregnancy, initiation of sexual activity was delayed an average of seven months. Another evaluation of six diverse school-based clinics found that education on pregnancy and AIDS prevention, in combination with contraceptive services, increased contraceptive use among sexually active students. There were no significant differences between clinic and nonclinic sites with respect to sexual activity rates.

Zabin, L.S., et. al., "Evaluation of a Pregnancy Prevention Program for Urban Teenagers", Family Planning Perspectives, May/June 1986.

Kirby, D., et. al., "Six School-Based Clinics: Their Reproductive Health Services and Impact on Sexual Behavior", Family Planning Perspectives, January/February 1991.

BANKING RELATED QUESTIONS

6. You were reprimanded by the Comptroller of the Currency for unsafe and unsound banking practices as part of votes you made as a member of the Board of Directors for an Arkansas bank. Were you ever sued in relation to your work on any bank board? If so, could you please describe the complaint against you, your explanations for the conduct, the facts of the matter, and the disposition of the suit?

- A: In the spring of 1989, outside investors achieved a "hostile" takeover of the NBA. As a result, in or about March 1989, a majority of the directors of the NBA, including myself, were removed as directors by vote of the shareholders.

Following that removal, the new directors caused the NBA to sue the former executives and board members, alleging various breaches of duties to the NBA.

The complaint was filed in or about 1992.

Thereafter, defendants filed a "Joint Answer and Counterclaims," denying that the former officers and directors had engaged in any improper conduct or breach of duties to the NBA. To the extent that applicable bank laws and regulations may have been violated, such violations occurred without the knowledge or intent of the outside directors.

I believe that all of the former executives and board members have now agreed on settlement terms with the National Bank of Arkansas. Pursuant to that agreement, the settlement terms are confidential.

I note that on July 21, 1993, in response to newspaper articles relating to this lawsuit, the Davidson Law Firm, Ltd., which represented the plaintiffs in this matter, issued a statement. In that statement, plaintiffs' counsel state:

With respect to Dr. Joycelyn Elders, she was joined as a party defendant in her representative capacity as a former outside

director of National Bank of Arkansas and National Banking Corporation from 1981 through March 29, 1989 at which time an entirely new Board of directors was elected by the shareholders. Dr. Elders was sued only in her representative capacity as a former director of the bank and holding company. There were no allegations of personal wrongdoing against her individually and no allegations of bank fraud or common law fraud against her or any of the other defendants. The lawsuit sought civil money damages from all the former board members. Fraud was not alleged in the lawsuit.

Both the bank officers and its attorneys have a high regard for Dr. Elders personally, professionally, as a physician and a public servant.

TEEN PREGNANCY

7. During your confirmation hearing, you listed the following as the causes of the rising teenage pregnancy: (1) in earlier times, more teenagers were married than currently, (2) children are now going into puberty earlier than previously, (3) 70 percent of our teenage pregnancies occur between three and five o'clock in the afternoon, when the children are home, and (4) children are now poorer than they were before. Is this an accurate representation of your views?

A: Yes, but I would like to expand on my answer.

Each year in America more than one million girls between the ages of 10 - 19 years become pregnant. Many of these young women are unmarried. In addition to the causes of rising teenage pregnancy listed in my testimony are (1) increasing sexual activity among teens, (2) earlier age of starting sexual activity, (3) younger teens are less likely to use contraceptives, (4) lack of knowledge of contraceptives and (5) increasing social problems impacting the behavior of adolescents. I believe we must educate our children so that they will make responsible decisions.

8. In addition to those causes in Question 7, are there any other causes of the high rate of teenage pregnancy in the United States, in your opinion? Please explain.

A: Yes. Adding to the increased pregnancy rates in the U.S. is a lower level of educational attainment, increased drug and alcohol abuse, lower socioeconomic status, the lack of health education in our homes and in our schools, and less community involvement and family support for adolescents.

9. I was interested in your statement that 70 percent of teenage pregnancies occur between three o'clock and five o'clock in the afternoon. I am interested in looking into that further. Could you please supply me with the source for that statistic.

- A. The well known Kantner and Zelnik surveys of adolescent women found that more than 75 percent reported their first sexual encounter occurred in either their own home, their partner's home or a friend's home. A comparable proportion reported their most recent sexual encounter also occurring in one of those three places. The most important point, however, is the absence of parental supervision. For example, a classic study (Hogan and Kitagawa) found that adolescent girls were 76 percent more likely to be sexually active if parental supervision of dating was lax rather than strict.

NURSING HOME RELATED QUESTIONS

10. In your confirmation hearing, you said that the Arkansas Health Department had no relationship to the nursing home in which you worked. Did the Health Department pay Medicaid claims by the home or its residents? Did the Health Department conduct any licensing, quality assurance, or sanitation activities in regard to the home? If so, please give details.

- A: The Arkansas Department of Health does not have any involvement with the payment of Medicaid claims. The Arkansas Department of Health does not conduct any licensing, quality assurance, or sanitation activities in regard to nursing homes.

11. Did you ever visit the home in your capacity as Director of the Arkansas Health Department? If so, please explain.

- A: I did not visit the Mercy Nursing Home in my capacity as Director of the ADH.

12. Did you ever supply consultation to the home by telephone, or to its residents, while on the job at the Arkansas Health Department? If so, please explain.

- A: I do not recall ever supplying consultation to the home by telephone, or to its residents, while on the job at the ADH.

QUESTIONS RELATED TO TAXES

13. In the hearing, you seemed to say that money was transferred from Mrs. Elders' accounts, of which your husband was guardian, into the joint checking account of you and your husband. The money was then paid by you or your husband to the nurse. Is that accurate? If not, please explain.

- A: Mrs. Elders received income from retirement benefits and rental properties that she owned. That income was deposited into the joint checking account of myself and my husband. My husband or I then paid Ms. Ruffin from our joint account. Mrs. Elders income was sufficient to cover the payments to Ms. Ruffin.

14. Why didn't your husband issue the money to the nurse directly from his mother's accounts, instead of first transferring the money to your joint account and then issuing it?

A: See response to Question 13.

15. In paying the nurse, was the money used to pay her your money, your husband's money, or Mrs. Elders' money?

A: The money used to pay Ms. Ruffin was Mrs. Elders' money.

16. In your confirmation hearing, you seemed to say that you were not aware of the fact that the law requires the payment of Social Security taxes until the past few weeks. Is that accurate? To ask the question another way, during the time when you were issuing checks to the nurse for nursing care, did you ever know that failure to pay Social Security taxes was a violation of the law? During that time, did anyone ever tell you that Social Security taxes were due on the salary paid to the nurse?

A: As I testified at the hearing, I did not regard the payment of social security taxes on the salary of the nurse employed by my mother-in-law as my responsibility. As a result, I did not focus on the nature of Ms. Ruffin's services for Mrs. Elders, and any attendant tax liability that Mrs. Elders may be incurring. Following the increased attention in this area since January 1993, and as I began to prepare for my confirmation hearing, I decided it was necessary to address this issue. Although I do not believe that my husband's failure, under his power of attorney from his mother, to pay the social security taxes for Ms. Ruffin is my responsibility, I decided to insist that the taxes be paid prior to the hearing to avoid any possible issue.

17. In your own words, why weren't the taxes paid?

A: Ms. Ruffin was hired by my father-in-law, not by my husband. When my father-in-law died, my husband simply continued the arrangements that had been established by my father-in-law, without attention to whether any additional requirements were necessary. After the attention given to this area earlier this year, we focused on the problem and paid the back taxes, penalties and interest.

18. Who paid the back taxes to the IRS? Whose funds were used to pay those back taxes?

A: The back taxes were owed to the IRS by Mrs. Elders, who is the employer. Mrs. Elders is 97 years old, has Alzheimer's disease, and is not currently competent to handle her own financial affairs. My husband acted on her behalf under the power of attorney that she granted to him when she was competent.

In light of the desire to resolve this matter rapidly, taxes were paid out of available funds. Appropriate accounting adjustments will be made to reflect the payment of these taxes from Mrs. Elders's funds.

19. Did you or your husband ever take a tax deduction or claim an exemption for Mrs. Elders? Did you ever claim Mrs. Elders as a dependent? If yes to either question, please supply details.

A: My husband and I filed joint tax returns. We did not take a tax deduction or claim an exemption for Mrs. Elders on our return. We did not claim Mrs. Elders as a dependent.

DR. MALAK

20. Would you please describe in detail your relationship and dealings with Dr. Fahmy Malak.

A: I have known Dr. Fahmy Malak in his capacity as a medical examiner and as an employee in the ADH's AIDS program.

As Director of the ADH, I was Chairman of the State Medical Examiner's Commission. Following some questions concerning Dr. Malak's role as the Arkansas State Medical Examiner, the State Medical Examiner Commission retained outside experts to review Dr. Malak's office and his conclusions in several cases. In November 1988, we received a report from the outside experts, generally supportive of Dr. Malak. The principal area that the experts questioned was the adequacy of the staffing level at the Office of the Arkansas State Medical Examiner. In or about March 1991, supervision of the Arkansas State Medical Examiner was transferred to the Arkansas State Crime Laboratory Board. I am not a member of that Board.

In or about September 1991, Dr. Malak was hired as an employee in the ADH's AIDS program. I believe that he was hired through the ordinary hiring processes, including submission of an application, interviews, and recommendation by a hiring panel.

I have no personal relationship with Dr. Malak.

21. Did you ever help exonerate Dr. Malak of charges of negligence, and recommend him for a raise? Did you ever hire Dr. Malak to head the Health Department's AIDS Program?

A: I have never helped exonerate Dr. Malak of charges of negligence. As noted in response to Question 20, Dr. Malak is not the head of the Arkansas Health Department's AIDS Program. He was an employee within that program. After the death of the laboratory director, Dr. Malak became a clinical consultant for the laboratory.

On July 16, 1993, I received a memorandum from Robert L. Horn, Director of the State of Arkansas Public Health Laboratories. That memorandum states in part as follows:

Dr. Malak is functioning as a clinical consultant to the laboratory's clients, i.e., local health units, hospitals, clinics and other private providers. In this capacity, he advises clients to assure that the appropriate tests are ordered and assist them in interpreting clinically significant results.

He is a knowledgeable clinician and relates well to laboratory clients. He screens selected laboratory results to assure that values are consistent with expectations. His consultations with users have satisfactorily resolved clients questions when rare or unusual results were reported.

Dr. Malak is the first clinical consultant available to the laboratory and his function in this capacity has been most beneficial.

PAY ARRANGEMENTS IN ARKANSAS

22. An allegation has been made in the press that you were paid at the Arkansas Health Department under an arrangement that was questionable. According to the allegation, you avoided a statutory cap on state salaries by receiving salary from more than one state source simultaneously, the Health Department and the University of Arkansas. Would you please give your side of those allegations.

A: See answers to Senator Coats' questions on "Pay Issue."

CONDOMS

23. With regard to the defective condoms referred to in your confirmation hearing, where in the United States were the defective lots distributed?

A. According to Ansell, condoms like those distributed by the Arkansas Department of Health, were distributed in the District of Columbia and Guam, and in twenty-seven states [Alabama, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Texas, Vermont, Virginia and Washington.] A number of the customers in those locations were federal entities (e.g., military bases and hospitals) and, as well, a number of college/university health clinics, county health departments and state health departments.

24. Please explain your reasoning in deciding not to issue a notice to the public warning them of the defective condoms.

A. Senior level staff at the Arkansas Department of Health were involved in the decision not to publicly announce the recall of the condoms. The Deputy Director for Administration, the Deputy Director for Services, Department General Counsel, the Director and the Medical Director of Maternal and Child Health, and Division Directors of the Divisions of Pharmacy Services, Reproductive Health Services, and AIDS and STD Services all participated in discussions which came to that conclusion. Three meetings were held, two in July, and the third, in August, 1992, following notification to the Department of Health by FDA of the results of its testing of Ansell's condoms. At all three meetings, public notification was discussed. At each of the first two meetings it was determined not to do public notification because, to my

knowledge, the FDA had not completed testing on the condoms. At the third meeting, after lengthy deliberation, a unanimous decision was made not to make a public notification because of the overriding public health risks. The Department senior staff recommended that the risks associated with the failure generally to use condoms far outweighed the risks associated with the use of condoms with a higher than acceptable potential failure rate. I agreed with my senior staff on the basis of their unanimous recommendation.

VARIOUS QUOTATIONS

25. During your confirmation hearing, Senator Coats read a quote attributed to you in the L.A. Times. The quote referred to a belief that pregnancy was God's justification for fornication. You said, essentially, that you had been misquoted. If possible, please supply the correct quote and what you meant to say.

A: See answer 8 under Abortion, Senator Coats.

26. Did you ever say that "most of our society believes that a baby is God's just punishment for fornication"?

A: See answer 8 under Abortion, Senator Coats.

27. Did you ever say, "We would like for the right-to-life, anti-choice groups to really get over their love affair with the fetus and start supporting the children.?"

A: See answer 10 under Abortion, Senator Coats.

28. Did you ever comment to Arkansas legislators when they rejected a tax increase on cigarettes, "You sold our children out to the tobacco industry.?"

A: During the 1993 Session of the Arkansas General Assembly, I attempted to increase taxes on cigarettes and smokeless tobacco products to fund some children's programs as well as increasing funding for elderly programs and a cancer registry in the state. The statement was made following a committee hearing in which I was unsuccessful in getting committee approval for the proposed tax increase. The entire Arkansas legislature was never given the opportunity to vote on the proposal. The statement was directed to those members of the committee that blocked the proposal.

29. Did you ever characterize abortion foes as part of a "celibate, male-dominated church, a male-dominated legislature and a male-dominate medical profession.?"

A: See answer 11 under Abortion, Senator Coats. This entire statement was made during that speech.

30. Have you ever publicly referred to your opponents as "non-Christian" or "un-Christian"?

A: See answer 7 under Abortion, Senator Coats.

31. Have you ever publicly referred to your opponents as having "slave-master mentalities"?

A: See answer to Senator Coats' Question 9 under "Abortion."

32. Please feel free to comment upon, justify, or place in context any of the above quotations.

RESPONSES OF M. JOYCELYN ELDERS, M.D.
TO
QUESTIONS SUBMITTED BY
SENATOR JAMES M. JEFFORDS

Q: The State of Vermont has the fourth highest incidence of breast cancer in the United States. Therefore, we in Vermont are understandably looking for any steps that can be taken to help reduce the incidence of breast cancer, improve educational efforts and access to health care in this regard. As Surgeon General, what type of strategy would you pursue to achieve these goals?

A: I am aware that breast cancer is a particularly serious problem in Vermont. I know that women's health, including the problem of breast cancer prevention and control, are a major priority for Secretary Shalala and within the Public Health Service.

This spring, the Centers for Disease Control and Prevention (CDC) in collaboration with the Food and Drug Administration and the National Cancer Institute developed the National Strategic Plan for Early Detection and Control of Breast and Cervical Cancers. This plan addresses such areas as public education, professional education and practices, and quality assurance. The Public Health Service, in particular CDC, is working with the States as well as professional and voluntary organizations to assure that an organized system of services are made available to all women.

RESPONSES OF M. JOYCELYN ELDERS, M.D.
TO
QUESTIONS SUBMITTED BY
SENATOR EDWARD M. KENNEDY

1. You referred to some of your Arkansas opponents as having "a love affair with the fetus" and being the "very religious non-Christian" right. You also characterized abortion foes as being "a celibate, male-dominated church, a male-dominated legislature, and a male-dominated medical profession" and as being people who "love little children as long as they are in someone else's uterus." In making these statements did you mean to denigrate the views of millions of Americans who are sincerely anti-abortion?

A: I am sorry for any offense that I may have given to the many Americans who sincerely oppose abortion and who also care deeply about the well-being of mothers and children. In Arkansas, I have worked closely to develop constructive programs to prevent teen pregnancy and to promote maternal and child health with many individuals of good will who also oppose abortion on religious grounds. While I do not share their religious attitudes on this issue, I view every abortion as a failure, and I look forward to working closely with abortion opponents and pro-choice advocates on a common agenda of good health for mothers and children and prevention of unwanted pregnancies.

2. In your decision not to publicly announce the recall of the condoms that were thought to be potentially defective, you were following the unanimous recommendation of the staff of the Arkansas Department of Health, were you not?

A: Yes. The bureau directors and the division of reproductive health made that recommendation to me and I carefully evaluated and accepted it.

3. And at that time you didn't actually know the condoms were defective, did you? The FDA had not tested them, and you had conducted your own recall based on five complaints over a period of approximately 2 years. Is this correct?

A: To the best of my knowledge, the FDA had not completed testing on the condoms.

RESPONSES OF M. JOYCELYN ELDERS, M.D.
TO
QUESTIONS SUBMITTED BY
SENATOR PAUL WELLSTONE

1. Dr. Elders, I applaud your decision to spend part of your training at the University of Minnesota. Right away I know we have no reason to question your judgment. Can you discuss with us your motivation for focusing on pediatrics in your medical training?

A: I was the oldest of eight children. I have always wanted children to be able to grow up healthy, educated, motivated, and to have hope for the future. I had excellent mentors in pediatrics during my training as a medical student as well as during my internship at the University of Minnesota. I have always felt that as a physician, the things that you would do for children would last a lifetime.

2. Dr. Elders, I have received many letters of support for you. I'd like to submit an alphabetical listing of those groups for the record. Of particular interest to me was a letter from Erima J. Vaughan in Hempstead, N.Y., which I shared with you. She urges me to vote for your confirmation, saying that she is the single mother of two boys, and like you, is a woman of color what had to learn to speak plainly. She's proud of the fact that, as she says, her two sons "date, but no girls got pregnant. We must help young people understand the dangers of AIDS or an unwanted pregnancy," she concludes.

Can you discuss your interest, as Director of the Arkansas Department of Health, in educating young people about the importance of knowing how to protect themselves from diseases and unwanted pregnancy?

A: As the Director of the Arkansas Department of Health I found that Arkansas had the second highest rate of birth to teenagers in the United States. The United States has a pregnancy rate which is twice that of Canada, and ten times higher than Japan. As I evaluated the literature and talked to people who had been working in this field for many years, I found that there were several themes that were common to all successful education and pregnancy prevention programs.

First, you must start early if you want to make a difference with children through early childhood education. Second, you must educate them about health by having comprehensive health education from kindergarten through twelfth grade. Third, you must educate parents. Fourth, you must involve the young men and teach them to be responsible. Fifth, services need to be available for the children where they are - in school. And last, they need to have hope for the future. I feel that the only place for all children to have an equal opportunity for access to health and education is at school. I therefore began to work with the education community to try and make services available for all children at school, the place where they spent most of their day. The services are available, they are easily accessible, they are affordable, and they should be age appropriate.

3. Minnesota as you know is home of the nation's oldest school-based clinics. In fact, they are celebrating their 20th anniversary this fall, and we hope you may be able to join us in Minnesota to mark the occasion. Would you tell us what role you will advocate for school-based clinics if you are confirmed as Surgeon General?

A: The role that I would advocate for school-based clinics if I am confirmed as Surgeon General would be to serve a very important role in providing primary, preventive health services on site. These services should include primary preventive health care, education, nutritional educational services, reproductive health services, treatment of minor injuries, sports physicals, and any other services that would be desired by the community and the school based on the needs of the children. I strongly support involving the community, and I feel that school boards should decide if they want a school-based health service. School boards should decide the services they would like to have available in their clinics, and parents should make a decision whether their children should use the school-based health services. To be successful, school-based clinics need to involve the entire community. Churches, businesses, parents and all other available resources in the community must help children be able to lead successful productive lives. I do not feel that you can educate children if they are not healthy. And you can't keep them healthy if they are not educated. We have copied many of the wonderful attributes of the first school based clinic started in this country in Minnesota, and we are very pleased with the things they've done to make a difference in children's lives over the past 20 years.

4. Dr. Elders, I admire your hard-fought accomplishments. It is rare that we have a nominee who is so well-suited to face the challenges of the job ahead. You know about poor access to health care, about rural poverty and the need for expanding primary care services. I envision you, with eloquence to match your knowledge and experience, as a Surgeon General in the grand tradition of C. Everett Koop, stirring the nation's conscience to do what we need to do. Can you describe how you hope to move the nation's health agenda forward during your tenure, and which issues you find the most compelling?

A: This question has been addressed in question No. 1 of Senator Kassebaum. I hope that I will have the eloquence and the high profile of Dr. C. Everett Koop and be able to address the multiple issues which will be on our nation's health agenda during my tenure. I feel the most compelling issue before us at this time relates to the issues surrounding AIDS, having unplanned, unwanted children, and certainly making health care accessible for all Americans.

ATTACHMENT A

The Role of the Surgeon General

The overall mission of the Public Health Service, the principal health agency of the Federal government, is the protection, improvement, and advancement of the health of all the American people. The Surgeon General serves as the principal Federal health advisor to the Nation on public health matters. As a public health advocate, the Surgeon General has a pivotal role in shaping and articulating the public health priorities that serve to protect and improve the health status of Americans.

DETERMINANTS OF HEALTH

What determines our health status? There are four principal determinants of health:

1. Genetics - One's genetic makeup contributes to a susceptibility for certain morbidities and is the principal agent for others, such as Tay-Sachs disease and sickle cell anemia.
2. Behavior - Behavior and health are strongly linked. A growing body of evidence links a handful of personal health behaviors to the leading causes of death in the United States: heart disease, cancer, cerebrovascular disease, injuries, and chronic obstructive pulmonary disease. Smoking alone contributes to one out of every six deaths in the United States. Failure to use safety belts and driving while intoxicated are major contributors to motor vehicle fatalities. Physical inactivity and poor nutrition contribute to coronary atherosclerosis, cancer, diabetes, osteoporosis, and other common diseases. Certain sexual practices

increase the risk of unintended pregnancy, sexually transmitted diseases, and acquired immunodeficiency syndrome. (1)

3. Health care - Access to health care certainly affects one's health, particularly access to clinical preventive services. Preventive measures which have made a tremendous difference in our overall health status include prenatal care, mammography and clinical breast examination, the Pap test for early detection of uterine cancer, and immunizations. (2)
4. Environment - Our health is greatly affected by what we drink, eat, breathe, and are exposed to through the environment. Additionally, our health is affected by our social environment - our family, socioeconomic status, and the availability of social support services within the community.

GOVERNMENT'S ROLE IN HEALTH

Many of the major improvements in the health of the American people have been accomplished through public health measures. Control of infectious diseases, safe food and water, and maternal and child health services are only a few of the public health achievements that have prevented countless premature deaths and improved the quality of American life.

The mission of public health is defined as fulfilling society's interest in assuring conditions in which people can be healthy. The core functions of public health agencies at all levels of government are assessment, policy development, and assurance. (3)

Assessment

An understanding of the nature and extent of community health needs is a fundamental prerequisite to sound decision-making

about health. Public health assessment involves systematic collection, assembly, analysis, and dissemination of available information on the health of the community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems. (3)

Policy Development

Policy development is the process by which society makes decisions about problems, chooses goals and the proper means to reach them, handles conflicting views about what should be done, and allocates resources. Public health agencies bear the responsibility of ensuring that the public health interest is served. Public health leaders must raise crucial questions that no one else raises; initiate communication with all affected parties; consider long-range issues in addition to crises; speak on behalf of persons and groups who have difficulty being heard in the process; and build bridges between the various constituencies. (3)

Assurance

Assurance is making sure that necessary public health services are provided to reach agreed upon goals, either by encouraging private sector action, by requiring it, or by providing services directly. Assurance involves seeing to the implementation of legislative mandates as well as maintaining statutory responsibilities. It includes developing adequate responses to crises, sustaining basic services, regulating services and products, and maintaining accountability by setting objectives and reporting on progress. (3)

PREScriptions FOR IMPROVEMENT

As Surgeon General, I have six prescriptions for continued protection and improvement of the health of Americans.

Prescription #1: A pound of prevention

If an ounce of prevention is worth a pound of cure, let's aim for a pound of prevention! It is time that every American knows that:

- 1) Our leading health problems are preventable, and
- 2) It is easier and cheaper to prevent health problems.

Indeed, it is estimated that one out of three premature deaths and two out of three hospitalizations are related to no more than six risk factors: tobacco use, alcohol and other drug use, physical inactivity, inadequate nutrition, high blood pressure, unintentional injury, and gaps in basic health care. (4)

Prescription #2: Health education in the clinic, classroom,
and community

Prevention of health problems largely depends on awareness and knowledge of risk reducing and health promoting behaviors. Primary care clinicians should give greater emphasis to counseling on personal health practices. Schools should provide comprehensive, sequential, and age appropriate health education in grades kindergarten through twelfth grades. A comprehensive health education curriculum provides teaching on personal health/growth & development; nutrition; safety, first aid, and injury prevention; environmental health; tobacco and other substance use and abuse; consumer and community health; disease prevention and control; mental and emotional health; and family life and health. Community-based organizations can be important resources for health education, particularly for working adults and elderly citizens. A growing number of workplaces are offering health education and health promotion activities for their employees. Chapters of the American Association for Retired Persons and agencies serving senior citizens have been

instrumental in getting the elderly involved in health education initiatives.

PRESCRIPTION #3: Universal access to primary health care

We must aim at assuring for every American the clinical preventive services that can prevent and provide early detection and treatment of health problems. We need to expand nontraditional approaches to health care delivery that increase access for the hardest to reach and most vulnerable of our citizens. There are many promising strategies underway in America for reducing the gaps in primary health care. One example is school-based clinics. Over 300 school-based clinics, operating in 33 states, are now providing accessible, age-appropriate, preventive and primary health care to children and adolescents. (5)

To achieve universal access, health care reform will need to successfully address many areas of concerns, such as the inadequate supply and maldistribution of primary health care providers and disproportionate rises in health care costs.

#4: Advancement of knowledge about the relationships between environmental exposures and health

Tremendous gains in health status have been accomplished during this century through public health efforts to assure safe supplies of food and water, management of sewage and municipal wastes, and elimination or control of illnesses borne by insects and other organisms. It is essential that these efforts be sustained.

The greatest challenge for environmental health today is advancing our knowledge about the relationships between environmental exposures and health problems. Population



growth. urbanization. new energy sources. advanced technology. industrialized and modern agricultural methods have created dramatically different environmental health challenges. (2)

#5. Support for our most important social environment. the family.

It the job of families to provide the environment in which their children and loved ones can be their healthiest and it the job of government to support those efforts. There's a continuum of family concerns which need governmental support: family planning; early childhood education; parenting education; male mentoring; college education; in-home and community based systems of care for persons with long term health needs and disabilities; and hospice care. These concerns must be adequately addressed for our children to be able to grow up healthy. motivated. and hopeful.

PRESCRIPTION #6: Continued support for the Public Commissioned Corps

The Surgeon General is responsible for the administration and management of the Commission Corps. a uniformed service of the Public Health Service. consisting of health professionals in 11 different categories. The largest contingent. approximately 40 percent of the 6.500 officers. are assigned to the Indian Health Service where they provide health care to native Alaskans and Americans. often in very remote and isolated areas of the country. In addition. approximately 1.000 officers are detailed to other Agencies such as the United States Coast Guard. Bureau of Prisons. Environmental Protection Agency. Health Care Financing Administration. and the District of Columbia Mental Health Commission to provide health expertise.

All the officers play a critical role in protecting and improving the public's health. As a nation providing world leadership in the area of public health it is important to have a unique, respected corps of health professionals who have the credentials which make them effective in relationships with the public, other governmental agencies and representatives of foreign nations. Continued support for the Commissioned Corps is vital to the Federal government's ability to respond to present and emerging public health needs.

CONCLUSION

To protect and improve the health of every American, we must learn about the conditions affecting our health status, educate ourselves to the opportunities for improving our health, and find the political will to obtain the resources and implement the strategies that will make a difference in all of our lives.

REFERENCES

1. United States Preventive Services Task Force. Guide to Clinical Preventive Services: An Assessment of the Effectiveness of 169 Interventions. Report of the U.S. Preventive Services Task Force. Williams & Wilkins, 1989.
2. United States Department of Health and Human Services, Public Health Service. Healthy People 2000: National Health Promotion and Disease Prevention Objectives. 1990.
3. Institute of Medicine Committee for the Study of the Future of Public Health. The Future of Public Health. National Academy of Sciences Publication IOM: 88-02. 1988.
4. Partnership for Prevention. Today's Solution for Tomorrow's Health. 426 C Street, N.E., Washington, D.C. 20002.
5. Waszak, C. and Neidell, S. School-Based and School-Linked Clinics: Update 1991. Center for Population Operation. Washington, D.C., 1991.

ATTACHMENT B
RENTAL PROPERTY

HELD BY

M. JOYCELYN ELDERS, M.D.

as of 7/21/93

| Property Location | Date of Purchase | Current Mortgage Company |
|--|------------------|--|
| 405 S. Pine, Little Rock, AR | 07/01/74 | Ms. E.N. Shivers, El Dorado |
| Rt. 4, Box 365G Elders Ct., Little Rock ("Rt 4, House A" on Schedule A) | 07/01/74 | none |
| 5417 Elders Ct., Little Rock, AR ("Rt 4, House B" on Schedule A) | 07/01/74 | none |
| 3717 W. Capital, Little Rock, AR | 12/01/74 | none |
| 301 S. Oak, Little Rock, AR | 01/01/76 | 1st Commercial Bank, L.R. |
| 309 S. Oak, Little Rock, AR | 10/01/77 | 1st Commercial Bank, L.R. |
| 5424 Elders Ct., Little Rock, AR ("Rt 4, Trailer E" on Schedule A) | 10/01/77 | none |
| 9325 Roundtop Dr., Little Rock, AR ("Rt 4, Trailer A" on Schedule A) | 07/01/74 | none |
| 5407 Elders Ct., Little Rock, AR ("Rt 4, Trailer B" on Schedule A) | 04/01/75 | none |
| 5412 Elders Ct., Little Rock, AR ("Rt 4, Trailer C" on Schedule A) | 04/01/76 | none |
| 5420 Elders Ct., Little Rock, AR ("Rt 4, Trailer F" on Schedule A) | 01/01/74 | none |
| 4308 W. 11th, Little Rock, AR | 05/01/82 | none |
| 4321 W. 11th, Little Rock, AR | 08/01/82 | none |
| 4323 W.11th, Little Rock, AR | 03/01/91 | none |
| 2621 Abigail, Little Rock, AR | 07/01/82 | none |
| 2301 Cumberland, Little Rock, AR | 06/01/82 | none |
| 3405 Lamar, Little Rock, AR | 03/16/84 | 1st Commercial Bank, L.R. |
| 3417 Lamar, Little Rock, AR | 03/16/84 | Charter Mortgage, N.L.R. |
| 3806 W. Capital, Little Rock, AR | 03/16/84 | Charter Mortgage, N.L.R. |
| 306 S. Schiller, Little Rock, AR | 03/01/84 | none |
| 8906 & 8920 Morris Manor, Little Rock | 03/01/86 | 1st Commercial Bank, L.R. Ms. Kathryn North, Havana |
| 315 S. Maple, Little Rock, AR | 07/01/79 | none |
| 516 - 518 S. Pine, Little Rock, AR | 07/01/75 | Superior Federal Savings, L.R. |

The CHAIRMAN. The committee stands in recess.
[Whereupon, at 4:54 p.m., the committee was adjourned.]

